

**STRESS MANAGEMENT WITHIN THE PEORIA FIRE DEPARTMENT:
IT'S TIME TO CUSTOMIZE OUR APPROACH**

EXECUTIVE DEVELOPMENT

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ABSTRACT

The problem was that the Peoria Fire Department's (PFD) employee assistance program (EAP) was largely considered as ineffective by its uniformed members. The purpose of this research was to develop a comprehensive EAP that was uniquely applicable, proactive, and inclusive, thereby rendering it useful by the membership.

An action research methodology was used to answer the following questions:

1. What issues or conditions have the most impact on the stress levels of Peoria Fire Department members?
2. What components would make up a comprehensive Peoria Fire Department EAP?
3. What measures could be taken to insure that a renovated EAP would instill both trust and confidence among the Peoria firefighters, while remaining practical from an administrative standpoint?

The procedures included administering three surveys, and compiling the results to determine the nature and extent of the impact stress has had on the PFD membership. Subsequently, a literature review was carried out to learn of any correlation between the new data and those experiences of other public and private organizations.

Results indicated that the firefighters have experienced a variety of stress-related symptoms, and that, while they may not be unique to the PFD, they were significant. The surveys also confirmed a general lack of trust, and disinterest in the current EAP process. However, should the PFD employ a collaborative approach to education, mitigation, and consultation, the results predict a discernible improvement in employee morale, strengthened labor-management relations, a diminished number of sick days, and increased productivity.

Recommendations included enlisting the membership in customizing an approach designed to meet the needs unique to Peoria firefighters. Suggestions included offering training in financial and time management, annual mental health check-ups, employing a specially trained counselor, and investigating the need for trained peer relationships.

TABLE OF CONTENTS

Abstract.....	2
Table Of Contents.....	4
Introduction.....	6
Background And Significance.....	7
Literature Review.....	14
Procedures.....	38
Limitations.....	42
Definition of Terms.....	43
Results.....	45
Discussion.....	54
Recommendations.....	60
References.....	68
Appendix A – Employee Assistance User Questions.....	71
Appendix B – EAP Wellness Survey – Captain’s Meeting.....	73
Appendix C – EAP Wellness Survey – Crew Meeting.....	74
Appendix D – Shift Survey Charts.....	76
Appendix E – Comparable Study.....	78
Appendix F – Wellness Coalition.....	81
Appendix G – Employee Assistance Pilot Proposal.....	92
Appendix H – Wellness Coalition Budget Proposal.....	93
Appendix I – Tapscott Resume.....	95

LIST OF TABLES

Table 1 – Symptoms of Stress.....	47
Table 2 – Contributors of Stress.....	48
Table 3 – Stumbling Blocks to Success.....	49
Table 4 – Viable Employee Assistance Options.....	50
Table 5 – Comparables: Interest and Participation.....	51
Table 6 – Comparables: Contributors to Stress.....	52

INTRODUCTION

Given mounting threats of domestic and international terrorism, developing a customized approach to stress management within the organizations tasked with emergency response is a process that cannot be ignored. Though the drama associated with such issues as weapons of mass destruction (WMD) may continue to grab the headlines, a less assuming, yet equally destructive burden continues to affect many members of the fire service. The pressures associated with an expanding pattern of change in professional growth, technology, and personnel management are weighing heavy on the psychological welfare of many fire service professionals. As such, there is a growing understanding of the moral, legal, and economic justification for proactively addressing stress through an agency-specific Employee Assistance Program (EAP) (Eyre, 2003).

The problem is that the Peoria Fire Department's EAP is largely considered as ineffective by its uniformed members. None of the contracted clinicians available through the City of Peoria's health care plan has been specifically trained to understand or manage the stressors unique to fire service culture. Despite a well-documented demand for counseling services, this, and a perceived lack of confidentiality, has rendered the program's use below regional norms (R. Tapscott, personal communication, November 28, 2003).

The purpose of this research is to develop a comprehensive EAP that is uniquely applicable, proactive, and inclusive, thereby rendering it useful by the members of the Peoria Fire Department.

An action research methodology will be used to answer the following questions:

1. What issues or conditions have the most impact on the stress levels of Peoria Fire Department members?
2. What components would make up a comprehensive Peoria Fire Department EAP?
3. What measures could be taken to insure that a renovated EAP would instill both trust and confidence among the Peoria firefighters, while remaining practical from an administrative standpoint?

BACKGROUND AND SIGNIFICANCE

During the past decade, the City of Peoria has been one of the fastest growing cities in the United States. It is now a modern suburban community with a population of 126,000, and projected 20-year build out of over 250,000 residents. The Peoria Fire Department (PFD) was first established as a volunteer department in 1921. Today, it operates five full-time and two part-time stations, 113 full-time staff, and has Fiscal Year 2004 Budget of over \$10.5 million. The department provides service to approximately 176 square miles of incorporated area, the fifth largest city (by area) in the state of Arizona. The Department participates in a valley-wide automatic aid program, which dispatches the closest available fire unit, regardless of municipal boundaries. This system provides fire suppression, medical service and other special operation rescue services, and offers a full range of community and life safety related programs.

Peoria firefighters are represented by the IAFF (Local 493). Together, with the fire department administration, all members have fostered a collaborative labor-management relationship to support decision-making and buy-in. Several committees have co-chairs representing both a union and administration perspective. An Executive

Steering Committee (co-chaired by the fire chief and union president) acts as an umbrella to ensure that the Mission Statement and Values are adhered to whenever a decision is made that may have a long-term and/or emotional impact on the department.

As is the case with most emergency response organizations, the effects of stress have affected the members of the PFD. Aside from those anxieties traditionally associated with both the fire service and the personal lives of its employees, the pressures linked to the rapid growth and resulting change of the region have compounded the problem.

September 11, 2001

“The nature of firefighter stress changed after September 11, 2001. Prior to that date, the typical types of stress were related more to the nature of the work: a-typical hours, dramatic incidents, personnel issues, and role within the organization” (Lemanski and Samuels, 2003, p 73). One of Peoria Fire Department’s own members was counted among the many men and women that spent days sifting through the rubble of the World Trade Center. Although the emotional impact is not often discussed, subsequent studies have shown that those having even the remotest contact with friends, family, or coworkers have been left with invisible scars (Lemanski and Samuels, 2003).

As a result of this and other acts of violence across the globe, there has been a heightened concern at each emergency response—many firefighters and their families have been faced with the prospect of readapting to the tension related to responding on emergencies. The coping mechanisms that once worked may no longer be enough to deal with the fears associated with the new threats of terrorism (Smith, 2002).

Local Significance

In March of 2001, a PFD employee experienced a particularly emotional period in his personal life. The ensuing stress influenced his ability to function professionally at a level commensurate to the principles identified within the applicable job description.

The instance raised questions regarding the effectiveness an EAP that does not employ any counselors specifically trained in an understanding of the cultural complexities of the fire service. As noted through a questionnaire developed to isolate these problems (Appendix A), the employee also raised speculation regarding the confidentiality of the program.

Enough apprehension had been raised to warrant an investigation into the effectiveness of the EAP. As a result, a partnership was struck between Peoria's management team and interested members of the PFD labor union to form the "Wellness Coalition." Since October of 2003, the intended purpose of this alliance has been to reevaluate the current mental health program in favor of a tailored approach to dealing with PFD's specific needs.

Statistical Impact

With a broad understanding that those with pre-existing exposures to other traumas are at higher risk for developing stress-related symptoms, it is foreseeable that fire service personnel might be especially vulnerable to the adverse health and safety impacts (Eyre, 2003). Such impressions are often difficult to quantify, however several organizations have attempted to measure the effects of stress by evaluating employee surveys and leave records.

Over the past two decades, many studies have looked at the relationship between job stress and a range of ailments. Problems such as mood and sleep disturbances, upset stomach and headache, and disturbed relationships with family and friends are reoccurring themes that are quick to develop and commonly seen in these studies. Evidence suggest that stress plays an important role in several types of chronic health problems—especially cardiovascular disease, musculoskeletal disorders, and psychological disorders (National Institute for Occupational Health [NIOSH], 1999).

“In a recent national survey by the Northwestern National Life, 46% of the 600 worker’s interviewed indicated that their job was very stressful, and 27% said it was the single greatest cause of stress in their lives” (Northwestern, 1991). Similarly, the St Paul Fire and Marine Insurance Company collected job stress data from 28,000 workers in 215 different organizations. The results were summarized in a report entitled *American Workers Under Pressure*. They indicated that stress on the job was associated with higher burnout, and more frequent performance problems (NIOSH, 1999).

Buhler (1993) provided what appears to be a conservative opinion of the economic impact of stress by stating that cost in the United States has been estimated to be as high as \$60 billion a year. However, Paul J. Rosch, M.D., president of the American Institute of Stress at the New York Medical College in Yonkers, provides a much more liberal perspective, suggesting that the cost is closer to \$200 to \$300 billion annually (Dutton, 1998). This was assessed based on employee absenteeism, turnover, direct medical costs, workers’ compensation and other legal costs, diminished productivity, and accidents. The results indicate that health care expenditures are nearly 50 % greater for workers who report high levels of stress.

In a poll released by Marketdate Enterprises, 5% of the 1,000 responding professionals indicated that they experience a high level of stress “more than twice a week.” This accounted for 11% of workers’ absences in 1996 (Dutton, 1998). Proving that this is not just an American issue, a study done by Eyre (2003) estimated that 6.5 million working days are lost a year in Britain due to stress, depression, anxiety, or other stress-related illnesses.

The most relevant statistical impact comes from the Federal Emergency Management Agency (FEMA): “The largest cause of firefighter deaths is stress or overexertion, which was listed as a primary factor in 38 of the firefighter deaths in 2002” (Federal Emergency Management Agency [FEMA], 2003, p. 20). It was the lowest number of like fatalities in seven years; the most occurring in 1999, when the United States lost 54 members.

Environmental and Physiological Impact

Among the physical symptoms of stress are chemical reactions that can alter the immune system. One example involves thyroxin:

Manufactured in our thyroid gland, thyroxin is a hormone which generally increases our metabolic rate. It is stimulated by potent stressors and, though it peaks after ten days, its effects linger from six to eight weeks. Thyroxin can increase our metabolic rate by 60% to 100%, and the resulting symptoms include worry, anxiety, paranoia insomnia, and racing-thought patterns. It further creates an increase in body temperature, gastrointestinal motility, as well as secretion for digestion. (Brigati, 1995, p. 34-36)

Certain aspects of the environment can also increase stress levels. Weather, temperature, noise, smells, and certain visual cues can be examples of stressors, especially when they are constant (Lemanski and Samuels, 2003).

Employee Assistance Programs (EAP)

Employee Assistance Programs (EAP) have existed since the mid 1920s—the earliest products were non psychiatric counseling efforts formed from a core of supervisors and other Western Electric plant employees who had no clinical training (Murphy, 1995). “Diagnosis, prescriptions, or advice giving were avoided in favor of a non-directive, confidential listener’s role” (p. 3).

EAP counselors see a broad range of stress-related problems, many of which have their root in the work environment. For the sake of confidentiality, feedback is usually restricted to budget encumbrances and information about the number of employees seen and the general types of problems encountered. “Historically, EAPs have focused on characteristics of the employee, not characteristics of the job/organization, which may be causing employee stress” (Murphy, 1995, p. 3). To date, the most common stress management programs are those that educate employees about the nature of stress, while seeking to change the way the individual perceives stress, or the way he or she reacts to stressful circumstances (Murphy, 1995).

Both human resource departments (HRD) and EAPs have shown to have a limited perspective, as they focus on employee outcomes, to the exclusion of health outcomes, and are primarily concerned with organizational practices, not the coping ability of the individual (Murphy, 1995).

Primary Purpose

The primary purpose of this applied research project (ARP) is to develop a comprehensive EAP that is uniquely applicable, proactive, and inclusive, thereby rendering it useful by the members of the Peoria Fire Department. The results of this research are important because they will serve as a foundation from which to base a supplemental budget request intended to refine the process already in place. The efforts will also serve to foster a growing collaborative relationship between labor (Local 493) and management.

Research Significance

The significance of this ARP relates to the core objectives outlined in Unit 1: Working as a Team, Unit 6: Labor Relations, and Unit 7: Organizational Culture, as taught in the *Executive Development* course (National Fire Academy [NFA], 1998).

At the heart of the fire service lays the spirit of working as a team to overcome the trials associated with the profession. Although ensuring success may be impractical, ensuring failure is probable unless the necessary tools are provided to understand the nature of the job's interpersonal relationships. This includes understanding and making appropriate use of the structure associated within the labor/management decision-making process. When these mechanisms fail, it is the responsibility of an organization's EAP to try to pick up the pieces. If the only program available is incapable of relating to the environment and traditions integrated within the culture, it must be reevaluated. To that end, this research will prove beneficial to the members of the Peoria Fire Department.

United States Fire Administrative Operational Objectives

Additionally, this research is linked to the United States Fire Administrative (USFA) fourth operational objective “to promote within communities a comprehensive, multi-hazard risk reduction plan led by the fire service organization” (NFA, 2002, p II-2). The intent of this effort is to create a comprehensive approach to reducing the risks associated with cumulative and traumatic stress. The impact of the program may also be beneficial to a variety of personal and professional organizations.

LITERATURE REVIEW

This research was not limited strictly to traditional fire service resources. In fact, a concerted effort was made to blend these with an array of options found within other business-related resources. This broader approach has been considered in order to avoid any systemic weaknesses inherent within the customs of the profession. The investigation also defined stress as it applies to members of the fire service without discriminating between those areas that impact both a member’s personal and professional life.

Considering the principles outlined within the research methodology, a literature review was conducted to analyze the existing body of knowledge on the identification, mitigation, and evaluation of stress, and stress-related programs.

Defining Stress

Stress is as unique as the personalities of the people experiencing its affects. “The word “stress” like “success,” “failure,” or “happiness,” means different things to different people, so that defining it is extremely difficult, although it has become part of our daily vocabulary” (Selye, 1974, p.12). Still, applying some foundational definition of the

concept seems a critical step in designing a customized approach towards managing its influence.

Lemanski and Samuels (2003) defined stress as, “An outside force that occurs when our internal defense mechanisms break down and our coping methods become less effective or ineffective” (p. 73). The National Institute for Occupational Safety and Health (NIOSH) (1999) concurs by labeling the condition as, “...the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker” (p. 4). In simpler terms, stress is considered the cumulative amount of wear and tear on the body that is caused by everyday life. However, the rate of deterioration can be accelerated by how well a person manages the events causing the wear and tear (Capozzoli, 1994).

Stress has also been characterized as the inappropriate “fight, flight, or fright” response, resulting in potentially harmful physical changes, such as increased heart and breathing rates, overworked adrenal glands, and tense muscles. Bernstein and Rozen (1989) note that individual’s who tend to allow their “Dinosaur Brains” to control their lives are most likely to succumb to these types of stress-related disorders.

To this point, stress has been characterized as harmful, when in fact some forms of stress serve a purpose. According to Dr. Douglas Bremner, of Emory University in Atlanta, Georgia, stress hormones can “make you think faster and do better,” but if you release too much you cannot think at all. “Learning to turn stress off is the key to maintaining healthy brain function, experts said, and can protect a person's quality of life” (“Experts: A healthy brain doesn’t need too much stress,” 2000).

In summary, the combined definitions make it clear that, although some forms of stress may be considered necessary, the force of stress can be physically debilitating, and therefore personally and professionally menacing to members of the fire service. The cited authors also provided perspective on just how broad the range of consequences can be.

Research Question 1

The first question to be examined within this ARP asks, “What issues or conditions have the most impact on the stress levels of Peoria Fire Department members?”

From the first day that a badge is pinned on a firefighter, some measure of balance is lost in their family life. Consider the soccer games, school plays, and stories of boy friends that a 24-hour employee is forced to miss. This, not to mention the changing the nine-to-five norm usually associated with relationships, puts a tremendous amount of stress on family relationships (Lemanski and Samuels, 2003).

“The firefighter can not take off his internal pressure like he does his uniform; he gets tougher with his family and more rigid and dogmatic in his attitudes. His bipolar (black and white) thinking about right and wrong may become more prominent in his communication and behavior” (Fishkin, 1991, p. 29).

Fishkin (1991) considers the following as the stressors having the most impact on an employee’s stress levels: “deficient managerial skills (the primary stressor), labor management friction, excessive paperwork, poor detection and management of stress-related disorders and hiring individuals who do not meet standard employment criteria”

(p. 29). He makes the case that there exists a direct correlation between an employee's stress, morale, and ultimate productivity (Fishkin, 1991).

A 1998 study conducted by Bettina GoriBen on the firefighters of the Frankfort and Dortmund, Germany Fire Brigades, suggests that it is not only the dramatic that induces anxiety, it can also be the mundane. She found that, while firefighters experienced greater stress dealing with emergencies, their psychological health was more impaired by the everyday duties associated with the firehouse (Finley, 2002).

The study was conducted in response to legislation (k) which states that "the employer is obliged to prove that practicing any profession within his organization is not harmful to health" ("Law Concerning Safety of Work," 2000, p.28). GoriBen found that firefighters perform a multitude of tasks while at the station, including report writing, janitorial duties, station and equipment repair and maintenance, and inventory. The performance of these tasks, for which they may not be adequately trained for, combined with latitude for decision-making, focus requirements, time management, personal relations, and various environmental conditions, resulted in an increased incidence of long-term psychosomatic ailments (Finley, 2002).

Although German firefighters spend two years in training for emergency response work, it does not adequately prepare them for the 80% of their duty hours spent at the station. GoriBen concluded by acknowledging the need for further study, but contended that her findings support better preparation of firefighters for the non-emergency obligations that they would be expected to perform. This was recommended in conjunction with a commitment by fire service leadership to address the "routine" issues

of concern, thereby dropping the incidence of these ailments by up to 50% (Finley, 2002).

While these anxieties are often seen as cumulative, they can come as the result of either one particularly traumatic occurrence, or a series of incidents that trigger emotional responses. Post-traumatic stress disorder (PTSD) is the label often applied to an individual that experiences such an outcome. PTSD can be prompted by violent personal assaults such as rape or mugging, natural disasters, or human-caused events, accidents, or some form of combat. (“Stress,” 2001).

Many of those touched by the life-altering events that occurred on September 11, 2001 have experienced PTSD. “Symptoms of PTSD can include re-experience of the trauma; avoidance of people, places, and thoughts connected to the event; and arousal, which may include trouble sleeping, exaggerated startle response, and hypervigilance” (“Stress & Substance Abuse,” 2002, p. 3).

In keeping with this ARP’s stated principle, a broader view on stress was also considered. The results of a Gallop Poll, surveying a cross section of Americans, concluded that 70% of employees felt that their job either “sometimes” or “frequently” caused them stress. The same poll found that 63% were equally troubled by money problems, and 44% were just as impacted by family-related issues (Davidson, 1998).

Research performed by NIOSH identified the most stressful jobs as those in which the employees had little or no control over the managing of their responsibilities (Buhler, 1993). A second NIOSH report (1999) expanded this notion by adding “poor communication” and a “lack of family-friendly policies” (p. 7) to the original definition. Five other conditions were also identified as potential job-related stressors:

1. The Design of Tasks – Heavy workload, infrequent rest breaks, long work hours and shift work; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills, and provide little sense of control.
2. Interpersonal Relationships – Poor social environment and lack of support or help from coworkers and supervisors.
3. Work Roles – Conflicting or uncertain job expectations, too much responsibility, too many "hats to wear."
4. Career Concerns – Job insecurity and lack of opportunity for growth, advancement, or promotion; rapid changes for which workers are unprepared.
5. Environment Conditions – Unpleasant or dangerous physical conditions such as crowded, noise, air pollution, or ergonomic problems.

Correspondingly, the American Institute of Stress (AIS) lists the following as the major causes of employee stress:

1. Responsibility without authority.
2. Inability to voice complaints.
3. Prejudice because of age, gender, race or religion.
4. Poor working conditions.
5. Inability to work with others because of basic differences in goals and values.
6. Inadequate recognition.
7. Inability to use personal talents to their full potential.
8. Lack of clear job description or chain of command.
9. Fear, uncertainty and doubt. (Dutton, 1998, p.4)

In summary, firefighters are faced with a host of stressors forever affixed to nature of their profession. Oddly, although the effects of PTSD can be devastating (“Stress & Substance Abuse,” 2002), it is the pressures not normally associated with emergency work that seem to be causing the greatest cumulative impact (Finley, 2002). Lemanski, Samuels (2003) and Fishkin (1991) each indicate that it is the relationships, missed family outings, and other, more mundane things, that create anxiety. This appears consistent with the findings of NIOSH (1999) and AIS (Dutton, 1998)—each siting the interpersonal and environmental aspects of work as key stressors.

Research Question 2

The second question to be analyzed by this ARP asked, “What components would make up a comprehensive Peoria Fire Department EAP?”

Customize the Approach

The cause of stress for one person, may not be the same for another. “According to one school of thought, the differences in individual characteristics such as personality and coping style are most important in predicting whether certain job condition will result in stress—in other words, what is stressful for one person may not be a problem of someone else” (NIOSH, 1999, p. 5).

Even as a lot is written about the subject, there are no simple “how to” manuals designed for developing a stress prevention and mitigation program. The final product will never really be final—evolving program solutions will be influenced by several factors. Among them include: the complexity of the organization, available resources, and especially the unique nature of the stressors identified within the NIOSH, 1999).

NIOSH (1999) reported that, while understanding that it is not possible to provide a collective prescription for preventing stress at work, at minimum, preparations for a comprehensive stress management program should include:

1. Building general awareness through education about job stress (causes, costs, and control).
2. Securing top management commitment and support for the program.
3. Incorporating employee input and involvement in all phases of the program.
4. Establishing the technical capacity to conduct the program (e.g., specialized training for in-house staff or use of job stress consultants).
5. Provide balance between work and family or personal life.
6. Create a support network of friends and coworkers.
7. Foster a relaxed and positive outlook. (p. 10-11)

The impact of stress cuts across both job and personal domains. “The effect suggest that the study of job stress, and the design of stress management interventions, should be approached from a multidisciplinary perspective, to produce an accurate picture of the nature of stress and how it should be managed” (Murphy, 1995, p. 2). Although neither an EAP nor HRD is equipped to manage the effects of stress in a comprehensive way, Murphy (1995) believes that their combined expertise in a team environment should improve chances of success. Considering that much of the work could be performed without the assistance of outside consultants, such collaboration could also prove cost-effective.

Choosing a Clinician

Perhaps one of the biggest considerations is what kind of professional qualifications a caregiver should possess before they are offered as a viable mental health resource. “A mental health clinician trained in trauma and emergency service workers should be made available to firefighters experiencing stress” (Lemanski and Samuels, 2003, p. 75). With this in mind, resist hiring the first counselor that walks through the door. Ask for a licensed or board-certified analyst trained in counseling emergency responders. Chat with them long enough to determine if they can devise a variety of support options (Kadet, 2003). Kadet (2003) comments that many large providers have hundreds of professionals on call, however he emphasizes, “Unless you demand better, they’ll simply send over the first warm body available” (p.113).

Employing a counselor expressly trained in understanding the nuances of emergency service workers is not unprecedented within the City of Peoria. A review of the police department’s Psychological/Psychiatric Counseling and Evaluation contract would show three sources of service. CONTACT is an option shared by the fire department, as well the rest of the City. Two additional alternatives specialize in those needs identified by the law enforcement. Although Sara J. Hallet, Ph.D. has been made available for both police and fire pre-employment evaluations, both she and Stephen L. Carson Ph.D. have been contracted to deal exclusively for law enforcement in several other areas, including Critical Incident Stress, threat/violence assessments, and support services, consultation, and intervention (City of Peoria, Arizona, 2003). To this point, these “specialized” services are not available to fire department employees.

Wellness Programs

Wellness committees often offer a wide array of alternatives available to reduce the cumulative effects of stress. “Employees at San Francisco’s Pacific Exchange are finding relief with classes on meditation, conflict resolution, new technologies, and the business of Exchange itself” (Dutton, 1998, p.2). The comprehensive programs can offer everything from meditation, smoking cessation, message therapy, and acupuncture, to classes on the clinical benefits of laughter (Dutton, 1998; U.S. Department of Health and Human Services, 1996).

It can be difficult to accurately track the results of a wellness program, however, employees are reporting fewer stress-related medical visits, increased productivity, and greater well-being. In a New York Times article, Freudenheim (1999) wrote that workplace wellness options can reduce short-term sick leave by 6 to 32%, reduce health care costs by 20 to 55%, and increase productivity by 2 to 52%. In 1998, 93% of employers had programs that encouraged employee health, up from 76% in 1992 (U.S. Department of Health and Human Services, 1996).

The Coors Brewing Co. reported that statistics, such as these, have produced a return on their investment ranging from \$1.24 to \$8.33 for every dollar it devoted to wellness. Reebok posted equally impressive results when it queried its employees on the effects of their fitness center. “The survey concluded: “92 % said it increased alertness and motivation; 83 % said it reduced the need for medical care; and 66 % said it enabled them to stay at work longer” (Dutton, 1998, p. 3).

An Internet search for emergency service related wellness programs would turn up a myriad of examples. One such program can be found on the San Jose Fire

Department wellness web site. Their process customizes its approach to the individual needs of each member by taking into consideration current health and fitness goals.

Organizers commit that participants will “experience several benefits of exercise such as increases in cardiovascular fitness, muscular strength , and muscular endurance” (SJFD Wellness Program Services, 2004, ¶4).

Physical Exercise

Given current trends in health and fitness, one might surmise that physical exercise is one of the best strategies for stress management. It helps reduce tension and anxiety and helps build a healthier body. The benefits range from lower blood pressure, lower resting heart rate, increased cardiac output, increased artery elasticity, lower cholesterol (the bad kind), increase in high density cholesterol (the good kind) and a decrease in fatigue and tension (Capozzoli, 1994).

In a report entitled, *Physical Activity Fundamental To Preventing Disease*, the U.S. Department of Health and Human Services (2001) stated that:

Regular physical activity, fitness, and exercise are critically important for the health and well being of people of all ages. Research has demonstrated that virtually all individuals can benefit from regular physical activity, whether they participate in vigorous exercise or some type of moderate health-enhancing physical activity. (p.1)

Furthermore, physical activity reduces morbidity and mortality from mental health disorders, and has a beneficial effect on symptoms of depression and anxiety (U.S. Preventive Services Task Force, 1996).

Stress Management Unit

Unfortunately, programs designed to relieve the resulting tensions are often avoided by those that need them the most. Unlike workers in the general population, firefighters tend to view looking for mental health assistance as more of a sign of weakness than workers do from other professions. Instead, they lean towards seeking out other firefighters to discuss their problems (Smith, 2002). With this in mind, a useful strategy to reduce the effects of stress may include talking to someone about the issues or conditions that are affecting them. Speaking with a person whom you trust may pay dividends by putting things in proper perspective. “It is always good to be able to share your worries and concerns with someone who cares about you” (Capozzoli, 1994, p3).

Robert Smith, Ph.D. (2002), a psychotherapist and 24-year veteran of the fire service, believes that a fire department can create a stress management team that can provide the right information on how to minimize the impact of stress. Although he is quick to emphasize that these “peers” do not provide counseling or pry into the firefighter’s personal lives, he does feel that they can make a substantial difference while disseminating information on where to find adequate resources. “Every fire department can set up a peer support unit.” (p. 5). Smith believes that all departments, regardless of size can band together to create such a resource.

Similarly, the law enforcement profession experiences emergency work-related stress. Programs, such as the Central Florida Police Stress Unit, Inc. have been established for law enforcement officers and their families. The unit is staffed by a director and peer-support volunteers who have a variety of training and life experiences. Professional help is available through a collective effort with the Catholic Counseling

Center of Orlando. Licensed mental health counselors, marriage and family therapists, clinical social workers, and a consulting police psychologist provide services (Central Florida Police Stress Unit, Inc., 2003).

Ron Tapscott is the Director Behavioral Health Programs for United Phoenix Fire Fighters (Local 493) and the City of Phoenix Fire Department. He is contracted to provide consultation, program development, and benefit coordination to all uniformed members. Tapscott believes that presenting the members of an organization with a peer support option can be viable, providing the “users” are involved in the selection of the peers and that regular training, supervision, and evaluation support the program (R. Tapscott, personal communication, November 24, 2003).

Bonding Extended Families Together

Just as new firefighters are adjusting to an additional set of rules and expectations, so too the family begins to cope with the emerging demands on their time and personal resources. “This initial adjustment period is almost always stressful and can set the stage for the family to adapt to the new lifestyle or create a turbulent situation between the department and the family” (Smith, 2002 , p.1).

This obstacle can create anxieties within the firefighter, forcing the employee to make choices that may divide their loyalties between their family and their work. Fire departments can benefit by doing everything in their power to assist both the firefighter and their family in adjusting to the job’s demands. This attitude should extend beyond recruit training and be applied to firefighters at all stages of their careers. Unlike other occupations, many firefighters rapidly gain a deep connection to the job

and the brothers and sisters at the fire station. This closer association between firefighters can create an extended family for many spouses and children in firefighter families. These close ties can add additional support people to the relationship. (Smith, 2002, p.1)

In contrast, some families may develop a deep resentment for the unique demands associated with being a firefighter. Shift scheduling, intrusive policies and procedures, and some training requirements often necessitate that an employee is not available during customary family events, such as a child's ball game or a neighborhood barbecue. "Fire department families need access to information that will assist them in processing or adjusting to these difficulties. This information can take the form of printed material, workshops, or training sessions arranged by the department" (Smith, 2002, p.1).

Pastoral Crisis Intervention

Pastoral Crisis Intervention may be thought of as the combination of faith-based resources with traditional techniques of crisis intervention. Pastoral crisis intervention represents an addition to traditional community and organizational psychological support resources. Programs such as those provided by Christian Counseling Centers (2003) can offer non-denominational, non-profit options that include individual psychotherapy for children, adolescents, and adults, group psychotherapy, premarital and marital therapy, family therapy, psychiatric and psychological evaluation, testing and assessment, and career counseling.

Likewise, the fire service has a long history of collaborating with local chaplaincy programs to provide services to both an organization's members, as well as the community. One such effort is available through Sacramento Area Fire Chaplaincy

(Sacramento City Fire Department, 2003). At present, the program employs one full time paid Fire Chaplain and nine Associate Fire Chaplains who are non-paid volunteers—seven of the Associates are firefighters.

Financial Management

Financial management may not be commonly attributed to fire service-related stress, however it has already been established that job security and money matters have an impact on an employees stress levels (Davidson, 1998; Dutton, 1998). Dave Ramsey (2003a, ¶2), a well known financial advisor, suggests the following, regarding the relationship between employees' personal and professional lives:

1. The number one reason for stress in the workplace is personal finance.
2. Up to 40% of employees admit that stress over personal finance negatively affects their productivity at work.
3. Employees waste 20 hours a month thinking about money.
4. Regardless of income, 70% of employees are living paycheck to paycheck (In other words, they have too many months at the end of the money!)

Ramsey (2003a) argues that organizations are looking for members who are focused 100% on their company's top priorities—employees who are energized go-getters who take the long-term vision into consideration when making decisions are prized possessions in any company. He believes that stress over personal finance is keeping even “star” team members from being adequately focused at work.

Peoria Fire Chief Robert McKibben (B. McKibben, personal communication, November 15, 2003) is supportive of bringing in a financial manager to speak on the

perils of overspending, and to help prescribe a plan that would diminish debt, thereby reducing stress in the work place. He considers that such a program would:

1. Reduce employee time off improves morale and productivity.
2. Strengthen employee relationships.
3. Decreases employee turnover.
4. Increased employee loyalty and commitment.

In like manner, Ramsey (2003b) believes that preparing financially for retirement will pay dividends. Joe Manning (Local 493 - personnel relations representative) agrees, indicating that the PFD membership would be well served to provide a measure of pre-retirement counseling, thereby minimizing the stress associated with a change in patterns of income (personal conversation, November 17, 2003).

Critical Incident Stress Management (CISM)

Critical Incident Stress Management (CISM) is a topic worthy of its own exhaustive research, and will only be discussed here in the context of its viability as a part of Peoria's holistic approach to mitigation. The CISM program is dedicated to providing support services in the aftermath of any critical incident and reducing stress among emergency services personnel. This is accomplished by education, post-incident support and appropriate referrals ("Critical Incident Stress Management," , 2003).

CISM is not psychotherapy. It is a confidential, voluntary and educative process, sometimes called "psychological first aid." There are several types of CISM interventions that can be used, depending on the situation. Variations of these interventions can be used for groups, individuals, families and in the workplace:

1. *Debriefing* is a proactive intervention involving a group meeting or discussion about a particularly distressing critical incident. Based on core principles of crisis intervention, the Critical Incident Stress Debriefing (CISD) is designed to mitigate the impact of a critical incident and to assist the persons in recovery from the stress associated with the event. The CISD is facilitated by a specially trained team that includes professional and peer support personnel. Ideally it is conducted between 24 and 72 hours after the incident, but may be held later under exceptional circumstances.
2. *Defusing* is an intervention that is a shorter, less formal version of a debriefing . It generally lasts from 30 to 60 minutes, but may go longer and is best conducted within one to four hours after a critical incident. It is not usually conducted more than 12 hours after the incident. Like a debriefing, it is a confidential and voluntary opportunity to learn about stress, share reactions to an incident and vent emotions. The main purpose is to stabilize people affected by the incident so that they can return to their normal routines without unusual stress. Where appropriate, a formal debriefing also be required.
3. *Grief and Loss Session* is a structured group or individual session following a death and assists people in understanding their own grief reactions as well as creating a healthy atmosphere of openness and dialogue around the circumstances of the death.

4. *Crisis Management Briefing* is a large, homogeneous group intervention used before, during and after crisis to present facts, facilitate a brief, controlled discussion, Q & A (question and answer) and info on stress survival skills and/or other available support services. May be repeated as situation changes.
5. *Pre-Crisis Education* provides a foundation for CISM services. It includes incident awareness, crisis response strategies and develops stress management coping skills that can prevent major problems should an incident occur. It takes the form of an employee handbook, e-book and/or workshops and training seminars. (Cardinal, 2003)

Although there are countless Internet sites singing the praises of CISM, there is also a growing voice discounting the effectiveness of the program. In a collaborative report on the subject, Richard Gist, Ph.D. and doctoral student Captain S. Joseph Woodall of the Peoria (Arizona) Fire Department characterized the process as “psychological and organizational sand bagging” (1995a).

Critical Incident Stress Debriefing (CISD) is simply not an amazing, unique, or magical idea. It’s an application of a simple, even simplistic group process technique that’s been around since social workers were in settlement houses; it takes about thirty minutes at most to say just about everything there is to say about the technique, and something less than that to sum it as a conceptual matter. Whatever may be the point of the remaining fifteen or so hours in the officially sanctioned “dog and pony” performance just is not entirely clear. (p. 13)

Although the comments of these two educated commentators may not represent the majority, there is enough information available to recognize a growing trend towards questioning the nature of CISM's posttraumatic debriefing philosophy.

In summary, research supports a customized approach to building a comprehensive EAP. A number of factors should influence the outcome—among them include the complexity of the organization, available resources, and unique nature of the stressors identified within the membership (NIOSH, 1999).

The fire service should employ a clinician trained in an understanding of the causes of those stressors unique to its membership (Lemanski and Samuels, 2003; Kadet 2003). Wellness programs within the private sector and emergency services have proven to positively influence the physical and mental health of its participants (Dutton, 1998; US Department of Health, 2002). There are also cases when peer support teams have been successful in minimizing the impacts of stress of emergency responders (Smith, 2002).

Capozzoli (1994) outlined benefits of physical exercise, and Smith (2002) influenced this research by emphasizing the importance of bonding a member's plutonic family with his or her new extended family. Other options for a holistic approach to EAP include a combination of agency sponsored faith-based resources.

Financial and pre-retirement counseling can produce positive results by allowing members to focus a greater amount of their time on work-related issues (Ramsey, 2003a, 2003b). And lastly, there are mixed opinions regarding the effectiveness of CISM. On one hand, programs such as described by Cardinal (2003) are lauded as an effective

means to reduce trauma-induced stress; however, a growing sentiment claims that statistics do not support these claims of success (Gist and Woodall, 1995a).

Research Question 3

The final question considered within this ARP is, “What measures could be taken to insure that a renovated EAP would instill both trust and confidence among the Peoria firefighters, while remaining practical from an administrative standpoint?”

Confidentiality

An EAP, regardless of its customized approach, has no hopes of being effective if its target audience lacks faith that it can be appropriately discreet. In educating people about stress, an important message to convey is that an individual’s response to trauma may also be influenced by a number of environmental factors, e.g. the supportiveness or otherwise work colleagues and/or organizational culture. This is particularly relevant to the Fire Service where elements of stigma and concerns about confidentiality in seeking support need to be recognized, discussed and addressed (NIOSH, 1999).

The mental health clinician is mandated to maintain strict confidentiality. Lemanski and Samuels (2003) remark, “That it would be useless to have an analyst that would report information back to the administration. If there is no trust, no one will get the needed help” (p. 75). A chief officer should understand that one of his or her best resources is the firefighter on the floor in his or her fire station—if a measure of trust is not obtained, a manager might as well cut the firefighter out of the process. Lemanski and Samuels (2003) believe that, “They need to speak with the firefighters, who will provide the information about the problem and a potential solution, instead of finding a solution

and handing it to the firefighter. Thus, it is important to reduce firefighter stress with them, not for them” (p. 75.)

Employee Participation

Participative decision-making can be utilized to increase the employee’s amount of control on the job (Buhler, 1993). One such method used to ensure a collaborative approach is to create a bilateral committee consisting of both labor and management members having a stake in mitigating stress. Once the attempt has been initiated and the stressors identified, the results can be passed along to a team of employees determined to ascertain how best to address the specific issue (Dutton, 1998).

In 2000, Peoria Fire Department labor and management representatives met to create an infrastructure that would support just such an endeavor. Consultant Ronda Hilyer (Agreement Dynamics) facilitated a lengthy process designed to establish a decision-making model that would help promote a more cooperative relationship between the two related entities. Hilyer helped forge what has become the foundation of PFD’s labor-management process. Hilyer (1990) believes that, “Getting agreement often involves problems and conflicts because people have differing values, interests, perceptions or styles” (p.2).

Problem Identification

Before an obstacle can be addressed, it first must be understood. Problem identification involves some type of assessment to isolate the sources and the related symptoms of stress (Murphy, 1995). By learning and identifying the stressors that are having an impact on the wellbeing of firefighters, we gain the advantage in dealing with them effectively and limiting their negative aspects (Fisher, 2002). Group discussions

among managers, labor representatives, and employees can provide rich sources of information—in a larger organization, such deliberations can be used to help design formal surveys for gathering input about stressful job conditions (NIOSH, 1999).

An assessment tool should be expected to measure the levels of distress (acute reactions to stressors), as these are considered to be precursors to chronic health conditions. “Measures of distress can be psychological (anxiety, depression, irritability), physiological (high blood pressure, high muscle tension levels), or behavioral (poor work performance, accidents, sleep disturbances, substance abuse)” (Murphy, 1995, p. 6).

As mentioned, group discussions between both labor and management personnel is one mode to consider. Another is that of employee surveys—Murphy (1995) notes that they are a convenient vehicle for obtaining information about an employee’s performance and state of mind.

Regardless of the method used to accrue data, the information collected should reflect the perceptions of their job conditions and perceived levels of stress, health, and satisfaction (NIOSH, 1999).

Intervention Design and Implementation

With the assessment results in hand, the next step is to customize a program that meets the specific stress management needs of the organization. These can be divided into three phases: primary prevention, secondary prevention, and tertiary prevention (Murphy, 1995). Primary prevention focuses on eliminating the sources of the stress, typically through risk assessment and hazard control (Eyre, 2003). Murphy (1995) suggests that these include the organizational, job/task, environmental, and psychological

risk factors. There are also legal incentives to act proactively—Eyre (2003) notes that organizations with stress management plans are less likely to be found negligent.

Secondary prevention seeks to short circuit the stress process by reducing the symptoms—it is usually implemented before employees demonstrate clinical signs of illness (Murphy, 1995). “Education and training on contemporary methods, reviews and debates about defusing and debriefing is important here, particularly given current debates and controversies about appropriate methods, impacts and outcomes of psychological debriefs” (Eyre, 2003, p.3).

Fire service administrators should establish a baseline of understanding regarding the nature of occupational stress. This is especially significant “where characterization of stressors as loss, threat, or challenge may be central to both nature and efficacy of the resolution sought” (Gist and Woodall, 1995b, p. 769) . Managers must be trained to recognize the signs and symptoms of stress in their subordinates. This may include monitoring sick leave and vacation leave and watching at-risk behavior such as drinking and taking more risks than prior to the trauma. Managers and peers must also be given the resources to help firefighters combat such stress (Lemanski and Samuels, 2003).

Tertiary prevention deals with treatment or therapy for individuals experiencing chronic disease (Quick, Murphy and Hurrell, 1992). “They are aimed at helping people to recover if their symptomology persists beyond the initial debriefing or secondary intervention” (Eyre, 2003, p. 3).

With an eye on creating a “roadmap” towards developing a customized approach to mitigate the impact of stress, Murphy (1995) believes that an EAP is most effective in the areas of primary prevention. This would include the revision of training programs and

other strategies that are developed to target those areas recognized through the identification process. Conversely, EAPs are better equipped by training and experience to recommend secondary and tertiary prevention strategies.

Program Evaluation

To ensure a productive measure of effectiveness, an organizational EAP should have some form of evaluative process. “Program evaluation should be linked to the goals and objectives of the intervention, and ideally should employ measures used in the problem identification phase” (Murphy 1995, p.6).

It is also important to note that interventions involving change often garner a measure of scrutiny (NIOSH, 1999). As such, regular tune-ups should become part of the wellness process. Thus, periods for evaluating the program’s components should be established.

Ultimately, an EAP’s effectiveness can only be measured by the documented reduction or elimination of the job stressors creating the problem. Based on the results of the program evaluation, the intervention may need to be refined or completely overhauled (Murphy, 1995).

Kick-off

Once a customized and formatted EAP has been created, the question begs how to introduce the new product for consumption. NIOSH (1999) reports that every stress reduction program should begin with a kick-off event. They help organizations focus on the scope and scale of the problem so that they can better tailor the programs to employee needs (Dutton, 1998).

In summary, discretion is a linchpin to the fundamental success of an EAP. “If there is no trust, no one will get the needed help” (Lemanski and Samuels, 2003, p75).

Bilateral labor and management involvement is a key factor in customizing a Wellness Program. This is accomplished by: (1) identifying the problem, (2) design and implementation, and (3) program evaluation. Hilyer (1990) notes that the existence of a philosophy intended to meld these differing perspectives, underscores the importance of this type of broad employee participation.

Lastly, a kick-off event can help an organization focus on the scope and scale of the problem, while at the same help time usher in a new era of health care-related opportunities.

PROCEDURES

The research process used in the preparation of this ARP began with a meeting between key Local 493 union representatives and management to determine the energy and relevance behind the issue of firefighter mental health within the PFD. Subsequent formal and informal meetings included other uniform and administrative members of the department. This culminated in the creation of the Wellness Coalition—a group dedicated to proactively minimizing the impacts of stress. The Wellness Coalition assisted in narrowing the focus of this ARP by agreeing to the spirit of the research, as well as the nature of the three questions being explored within its content.

A comprehensive literature review was conducted to determine what had already been written on the subject of work-related stress, employee assistance programs, and other mitigation efforts. The research encompassed a broad approach. While the examination involved reviewing fire service textbooks, trade journals and magazines,

newspapers, the Internet, and other pertinent sources, it was not specifically limited to a particular type of resource. Rather, information was also sought from other cross-industry related references.

The literature review commenced at the Learning Resource Center (LRC), located at the National Fire Academy (NFA), in July 2003. Additional literature (Internet) reviews using the key words “fire department,” “stress,” and “employee assistance programs,” were conducted with the collection assistance of Lieutenant Jo-Anne Lorber of the Fort Lauderdale Fire and Rescue Department in September 2003.

To assist in placing this investigation in relative context, the City of Peoria demographics were obtained by reviewing a 2002 job announcement designed to attract applicants for the position of Deputy Fire Chief.

Three surveys were conducted. The first survey (Appendix B) was presented at a quarterly captains meeting on October 6, 2003. These meetings require the (compensated) attendance of all Department captains. In the event one of these officers has an unavoidable conflict, he or she must send a representative in their place. On this particular date, 21 of the required 24 attended. Twenty-two were captains, and one was a “proxy.” Each survey participant was asked to answer seven questions based upon their personal perspective of the PFD’s current EAP program. The scale included the possible answers of “yes,” “no,” and “unsure.” Five additional questions were left for written commentary. These were directed towards identifying the greatest causes of stress at both work and home, and looked for input and participation on improving the Department’s EAP.

Subsequent to sharing these results with the Wellness Coalition (October 8, 2003), a second survey (Appendix C) was developed to seek feedback from a larger cross-section of the entire department, which included firefighters, captains, battalion chiefs, and other, non-uniformed, personnel. The principal reasons behind the second survey included:

1. The results of the first survey may have been skewed because they focused on one rank (captain) within the department.
2. Given that several of the answers were hand-written, some survey participants may have been hesitant to respond openly in an effort to avoid possible recognition and/or retribution.
3. The endeavor warranted participation from all members of the organization.

On consecutive A, B, and C-shift days (October 20-22), the second survey, consisting of seven questions (driven by the responses of the first survey) was provided to all members attending quarterly shift meetings. Each survey was addressed using only a box check. They sought responses regarding:

1. Possible stress-related signs and/or symptoms.
2. Perceived sources of stress.
3. Stumbling blocks related the Peoria Fire Department EAP.
4. Future interest in a variety of EAP resources.
5. Mental health “check-ups.”
6. Interest in becoming a peer counselor.
7. Their perception of the possible success of a holistic approach to wellness within the Peoria Fire Department.

The results of the first four questions were charted (Appendix D) to provide each of the three shift battalion chiefs a general idea of their personnel's mental health.

Within the context of size, population, and community goals, the final survey queried the 10 cities deemed as the most "comparable" with the City of Peoria (Appendix E). Each appraisal was directed to the employee tasked with managing their agency's EAP.

The purpose of this study was to distinguish any "like" agencies that have actively taken steps towards customizing their EAP. With this, consideration could be given to benchmarking a more holistic approach to wellness within the PFD. As such, the questions were limited to assessing demographics, measuring the agency's successes, and identifying any particular stress-related signs and symptoms.

An interview was conducted with a member of the PFD. Given the confidential nature of the information discussed, the findings could not be duplicated, and were therefore referenced only in the Background and Significance portions of this ARP. However, the questions and answers (anonymous) are provided for reference (Appendix A).

Finally, Ron Tapscott, a behavioral health specialist with the City of Phoenix Fire Department, was consulted during a phone call on October 20, 2003, and again on November 24, 2003. As a presenter during a recent leadership academy (May 2003), Tapscott's credibility soared with his culturally applicable analysis, and long-term association with Phoenix Fire Department. The unstructured discussion centered on the practicality of the PFD Wellness Coalition, and the prospect of his future involvement as a wellness consultant and a City of Peoria mental health contractor.

Limitations

The employee testimonials supporting a drastic change in the current PFD wellness program contain, by design, confidential information. Although in some cases members provided dramatic examples of how they felt the process had failed them, it became impractical to reference any specific details. In turn, such commentary was generalized, and provided as “background and significance.” Hence, any person looking to duplicate this research would be limited to those cites provided within the Literature Review and Results portions of this ARP.

Before each of the two PFD surveys was handed out, an oral overview explaining the intent of the exercise was provided. In the case of the second survey (shift meetings), a written cover page was also furnished. Given the delicate nature of the questions and some history of distrust in the employee assistance process, there may have been a measure of apprehension when considering how candid a responder may address the inquiry. As noted, the handwritten portion of the first survey (Captain’s Meeting) may have also contributed to this outcome. With this said, Local 493 representatives readily provided their support, and were present to answer questions, thus minimizing the potential impact.

Of the 79 PFD members that took the second survey, 75 (94%) were uniformed members; the other four were civilian administrative staff. Given the different expectations associated with each job description, the survey results may have been slightly distorted.

The third (Appendix E) survey was not designed to gather specific data on how each organization managed its EAP. Instead, it was sent to determine: (1) if they had one,

(2) if it was effective, and (3) how comprehensive, or holistic it was, thus assisting in a determination of how practical a broad approach may be. However, those cities determined to be “comparable” to the City of Peoria, varied greatly in size and population served, and consisted of only ten agencies. As such, an assessment may have had only a minimal value.

An administrative decision to grow responsibly, as well as aggressively seek qualified employees within a competitive market, has resulted in identifying some comparables as much as two to three times larger than the population of the City of Peoria. In some cases, this has resulted in an “apples and oranges” approach to analyzing each agency’s EAP efforts.

A final consideration must be given to who completed the third survey. Although this employee may be responsible for managing their organization’s wellness program, if the applicable data was unavailable to support his or her conclusions, the results could have been skewed based on their own personal experiences.

Definition of Terms

Captain – First-line engine or ladder company supervisor.

Comparable City – Those cities used as benchmarks by the City of Peoria while determining services, resources, and employee compensation packages (Appendix E).

CONTACT – Behavioral health specialist contracted by the City of Peoria to provide mental health services its employees.

Employee Assistance Program – A program afforded by an organization to provide its workforce with a measure of mental and/or physical health care.

Engine – Fire apparatus designed to carry equipment and pump water at emergency fire incidents.

Engineer – Firefighter responsible for the care and maintenance of his or her assigned apparatus (fire engine or ladder truck).

Exempt – Members of the PFD not represented by a labor union.

Fiscal Year – Budget cycle beginning on July 1 and ending on June 30 of each calendar year.

Geriatric Codes – Advanced life support for elderly patients having a heart attack.

Labor – Those non-exempt members represented by Phoenix Firefighters Local 493.

Ladder Truck – Fire apparatus designed to carry various ladders and specialized fire and extrication equipment.

Management – Exempt members hired in a supervisory capacity.

Member or Membership – All PFD employees, regardless of rank or responsibility.

Non-exempt – Non-exempt members represented by a labor union.

One-time Money – Non encumbered budget funds made available by the City of Peoria, to be used on those capital projects (\$5,000 or more) that are determined to have no on-going related costs. Referenced in Results: “actions taken.”

Personnel Specialist – The representative responsible for managing the personnel issues on behalf of Local 493.

Proxy – Used in the context of having a PFD Engineer attend a quarterly Captain’s Meeting, when said officer was unavailable.

September 11, 2001 – A date linked with three commercial airline terrorist attacks on the World Trade Center in New York, Pentagon in Washington D.C., and a crash in Pennsylvania.

Shift – A 24-hour span of time (0800 to 0800) designated as work hours for PFD uniformed members.

Uniformed Members – PFD members (ranks: Firefighter through Chief Officer) sworn to protect the life and property of the citizens of the City of Peoria, Arizona.

Weapons of Mass Destruction – A nuclear, biological, chemical, and/or explosive created to cause a tremendous loss of life and/or property.

Wellness Wagon – A combined labor and management program designed to welcome the families of new PFD employees.

RESULTS

Research question one asks, “What issues or conditions have the most impact on the stress levels of Peoria Fire Department members?” As search for the answers began with two separate surveys.

Wellness Survey – Captain’s Meeting (October 6, 2003)

As noted in the Procedures section of this ARP, the EAP wellness survey (Appendix B) conducted during the October 6, 2003 Captain’s Meeting garnered 21 responses from the 24 surveyed (88%). It was felt that the open-ended nature of the last five questions may have kept some members from responding candidly, and that not all uniformed ranks (firefighter through battalion chief) were represented.

The effort identified an interest in moving forward with the concept, and became valuable while determining what areas would be targeted in the second survey. Of the 21

members queried, 45% showed interest in participating in a “proactive” wellness effort. Another 33% indicated that they would consider participating in a response approach to employee assistance, while 29% were unsure. With very little explanation of the concept, just under a third (29%) also showed interest in the new peer counselor model; the same number (29%) was unsure.

Wellness Survey – Shift Meetings (October 20-22, 2003)

The second survey (Appendix C) was presented to seek feedback from a larger cross-section of the entire department, including the positions of firefighter, captain, battalion chief, and staff support. Of the total 100 uniformed PFD members, 75 (65%) participated in the survey. Four non uniformed members also took part in the study, for a total of 79 survey participants.

Based on a perceived level of severity, all of the queried symptoms were originally to be grouped into three ranges (mild, moderate, and severe), however Tapscott provided a more practical alternative (phone conversation, November 24, 2003). He noted that each result (e.g. sleep disorder, fatigue, or depression) may have its own range of severity. His argument concluded that it was more appropriate to create a data table focusing on the number of disorders a member may experience, thereby qualifying the level of severity by quantifying the symptomatic outcome.

Table 1 provides a snapshot of the nature of stress within the PFD.

Table 1: Symptoms of Stress

As a result of stress, I feel that I have experienced one or more of the following symptoms (check all that apply):		
Sleep disorder	Eating Disorder	
Employee Conflict	Personal/Family Conflict	
Professional Conflict	Depression	
General Anxiety/ Agitation	Physical Illness	
Fatigue	Loss of Sex Drive	
Violent Tendencies	Suicidal Tendencies	
Survey Results		
Members experiencing 0-2 disorders	48	61.%
Members experiencing 3-5 disorders	18	23%
Members experiencing 6-8 disorders	10	13%
Members experiencing 9-12 disorders	3	.04%

The significance of this study became apparent when it's understood that roughly 37% of the PFD membership has experienced at least three symptoms of stress. What must be emphasized is that the box signifying that an employee has experienced some form of suicidal tendencies was checked 5 times (.1%); and that violent tendencies was checked on another 9 (.11%) occasions.

Table 2 illustrates those contributors of work-related stress checked, at minimum, by 10% of those responding to the survey.

Table 2: Contributors of Stress

On or more of the following contributes to my level of stress at work (check all that apply):		
Management Relationships	27	37%
Time Management	25	32%
Lack of Time with Family	25	32%
Promotion/Education Requirements	19	24%
Coworker Relationships	19	24%
Financial Management	16	20%
Number/Type – EMS Calls	15	19%
Personal/Family Relationships	12	15%
Gender (Coworker) Issues	11	14%
Station/Apparatus Maintenance	11	14%
Child Care	9	11%

The data identified within Table 2 indicates that the three most pressing work-related stressors are Management Relationships (37%), Time Management (32%), and Lack of Time with Family (32%). A close fourth and fifth are Coworker Relationships (24%) and Promotion/Education Requirements (24%).

Table 3 typifies what responders felt were the greatest stumbling blocks that have prevented the current Employee Assistance Program from being successful.

Table 3: Stumbling Blocks to Success

Historically, I believe the following have been stumbling blocks for the existing EAP to succeed (check all that apply):		
Confidentiality	55	70%
Trust City Human Resources	43	54%
Trust in Administration	43	54%
Program Credibility	39	49%
Counselor Credibility	35	44%
Negative Stigma/Perception	33	42%
Lack of EAP Understanding	31	39%
Fear of Reprisals (Perception)	24	30%
Trust in Local 493	7	.09%

A cursory scan of the data confirms that, of the nine fields queried, all but one were listed as stumbling blocks on 30% or more of the surveys. Confidentiality (70%), and Trust in Human Resources (54%) and Administration (54%) are pronounced.

Research question two asks, “What components would make up a comprehensive Peoria Fire Department EAP?” Again, the options were gleaned from each of the two surveys.

Table 4 represents a hope for improvement. The Financial Management, Fire Department Counselor, and Peer Counselor selections represent new program options.

Table 4: Viable Employee Assistance Options

As a member, I would consider using one or more of the following if made available (check all that apply):		
Financial Management	48	61%
Fire Department Counselor	35	44%
Personal Counselor	32	41%
Personal Physician	31	39%
Peer Counselor	21	27%
City of Peoria EAP	14	18%

The figures appear to support a variety of mitigation efforts. With the exception of the City EAP (18%) and Peer Counseling (27%) options, the choices garnered support at a rate of approximately 40% or more.

As demonstrated in Table 5, questions five through seven were documented through “yes,” “no,” or “unsure” answers. Each corresponding percentage can be found coupled with the raw data.

Table 5: Comparables: Interest and Participation

Question	Yes	No	Unsure
Would you be interested in participating in a confidential pilot program that would provide for periodic visits to a fire service counselor?	34/43%	24/30%	21/27%
Would you be interested in becoming a peer counselor?	21/27%	37/47%	21/27%
Do you believe a holistic approach to Wellness, including stress management, can be successful if a strong bond is formed between all Peoria Fire Department members having a stake in the outcome?	57/72%	5/.06%	17/22%

By a measure of 72%, those surveyed responded favorably to the notion of a holistic approach to wellness. Another 22% marked that they were unsure, leaving those marking “no” as barely registering (.06%). Table 5 reveals that the two programs measuring interest in the annual medical check-ups (43%) and employee participation in the peer counselor program (27%) met with a mixed response.

Research question three inquires about, “What measures could be taken to insure that a renovated EAP would instill both trust and confidence among the Peoria firefighters, while remaining practical from an administrative standpoint?”

Of the ten surveys sent to the City of Peoria’s comparable fire departments (Appendix E), eight were returned (80%). Six questions were asked; two referencing the organization’s demographics, and four inquiring about the status of any EAP efforts.

All eight of the agencies identified their wellness programs as either Moderately Successful (88%) or Very Successful (13%).

Table 6 delineates those departments marking a program-related field at least 50% of the time.

Table 6: Comparables: Employee Assistance Programs

Mark the programs/areas that your organization provides to its membership:		
City Employee Assistance Program	7	88%
Stress Awareness Education	6	75%
Peer Counselors (trained and mentored by clinician)	6	75%

Given the unique nature of the PFD peer counselor concept (Appendix F; “New Concepts”, Section A), these results were met with a measure of skepticism.

Subsequently, during a phone call to Tapscott (October 20, 2003) it was inquired about the nature of options generally described as peer programs available within the mental health community. His response indicated that peer counselors are normally associated with CISM programs, and that, although they may act in a pseudo-advisor capacity, the use of peers is dissimilar to the approach proposed by the PFD Wellness Coalition.

Table 7 charts the prioritized similarities between the stressors identified by members of the PFD and those of the comparable cities.

Table 7: Comparables: Contributors of Stress

To the best of your knowledge, what areas do you feel impact the increased level of stress within your organization:		
Time Management	6	75%
EMS Calls	6	75%
Personal Relationships	5	63%
Management Relationships	3	38%
Fire Calls	3	38%
Peer Relationships	3	38%
Supervisor Relationships	2	25%

While equating the results of the PFD survey with those of the combined comparable organizations, it becomes evident that Time Management (PFD – 37%; “comparables” – 75%) and Management Relationships (PFD -37%; “comparables” – 36%) have, in terms of priority, the most in common. In contrast, the fields designated as EMS Calls and Personal Relationships were listed as having a far greater impact in the comparable organizations than they have within the PFD (PFD: EMS Calls – 19%; Personal Relationships – 15%, and “comparables”: EMS Calls – 75%; Personal Relationships – 63%).

Actions Taken

As a result of this ARP, three definitive actions have been taken:

1. The Wellness Coalition has developed a “Mission Statement” and divided its target efforts into three areas: (1) identify the wellness programs that have been deemed effective, (2) discern the existing programs that need to be refined, and (3) recognize and begin to take action in those areas that need attention (Appendix F)
2. Two supplemental budget items have been created to compete for “one-time” monies that will be made available on July 1, 2004 (Appendix G and H).
3. In an effort to represent the discoveries of this ARP, the Deputy Chief of Operations has garnered a place on the January 2004 interviewing panel for the next City of Peoria employee assistance provider.

DISCUSSION

The results of this research indicate that the members of the Peoria Fire Department should have access to a comprehensive EAP designed to meet the specific needs of its membership. What cannot be sufficiently illustrated through data collection or the scanning of publications is just how much help is needed. As important as it is, third-party research or statistical analysis is intentionally faceless—the PFD membership is not. The compelling, yet confidential nature of many experiences prevents an interview from being adequately duplicated, hence it can only be vaguely referenced within the Background and Significance portions of this ARP. With that said, both the Literature Review and the Results sections support the conclusion that a change is needed.

Research Question 1

Research question one inquires about what issues or conditions have the most impact on the members of the Peoria Fire Department. A cursory scan of Table 2 reveals that apprehensive relationships with both Management (37%) and Coworkers (24%) have had a significant impact on the stress levels of the PFD membership. The survey also discloses that general Time (32%), Family (32%), and Financial (20%) Management are contributing factors. The domain labeled Promotional/Education Requirements (24%) rounds off the top six areas of concern.

This finding is consistent with what Fishkin (1991) considers as those stressors having the most impact on an employee's stress levels. He makes a direct correlation between an employee's stress, morale, and his or her relative productivity. In a more general sense, NIOSH (Buhler, 1993) and AIS (Dutton, 1998) concur, listing design of task/workload (time management), interpersonal relationships, and career concerns as potential job-related anxieties. Likewise, while GoriBen's issues were not specifically addressed within either PFD survey, her conclusions regarding the pressures of "down time" may be reflected in the field identified as Coworker Relationships (see Table 2).

Ultimately, it appears that the members of the Peoria Fire Department, although unique as an organization, are similar in their misfortunes. The Wellness Coalition must address the stressors dealing with people, time, and resources.

Research Question 2

Research question two investigates what components would make up a comprehensive Peoria Fire Department EAP? As noted in Table 4, the members of the PFD were most receptive to help in the areas of prudent Financial Management (61%)

and the availability of a culturally adept Fire Service Counselor (44%). Conversely, a fraction of the membership was interested in a Personal Counselor (41%) or Personal Physician (39%) to meet their stress mitigation needs. This last declaration is likely attributed to those trust-related concerns associated with the issues identified as “Stumbling Blocks to an Effective EAP” (see Table 3): (1) Confidentiality (70%), (2) Trust in City Human Resources (54%), and Trust in Administration (54%).

Little is written regarding a correlation between stress, financial management, and firefighters, however, as documented by a nationally conducted Gallop Poll (Davidson, 1998), 63% of Americans are troubled by money problems. Given that a desire for fiscal advice surfaced as a primary PFD membership priority (see Table 4), and that there is a connection between a firefighter’s home and work (Lemanski and Samuels, 2003), it seems prudent to consider addressing the need.

Lemanski and Samuels (2003) are clear on the issue of professional counselors. He is adamant in his assertion that a fire service organization should have access to a specially trained counselor. Kadet (2003) smugly supports this notion, “Unless you demand better, they’ll simply send over the first warm body available” (p. 113). With this in mind, and taking into account that the Peoria Police Department has already established a president, (City of Peoria, Arizona, 2003), proposing a similar concept as a 2004 budget supplemental seems like a practical way to meet the growing demand.

Considering the innovative nature of peer counselors, a relatively high number of members were either interested in participating (27%), or had not ruled it out as an option (27%). While understanding that some conflicting results have been experienced within CISD efforts, Smith (2002) is among the few that have sought to meld a peer, within the

context of the general work environment, as a conduit of information and advice. For reasons of confidentiality, many members are leery of the model. Still, the door is cracked wide enough to warrant further investigation into its potential.

Even more surprising was the interest in taking part in a pilot program designed to provide annual “mental health check-ups” (see Table 5). A combined 70% were either in favor or unsure of their interest (Yes – 43%, Unsure – 27%). Whereas the concept to be considered was somewhat radical as a proactive measure, its marginal support may soon blaze a new trail for the rest of the industry.

While a Lack of Time with Family (32%) was the only surveyed reference to a firefighter’s home life, it does point out an appropriate priority for all fire service members. Smith (2002) emphasizes that at times firefighters are torn between their personal loyalties and those of their chosen profession. While some of the time-related divisions may be considered unavoidable requirements of the job, others may be prevented by working to integrate the two “families” together. The nature of the occupation demands that this begin in the initial 12-month adjustment period and, in a more limited capacity, continue beyond an employee’s retirement.

The City of Peoria’s wellness program is not often accessed by the fire department, nevertheless, the need has been clearly demonstrated within each field that exemplifies a member’s existing stress-related symptom (see Table 1). The advantages of such an effort are well documented throughout both private and public agencies (Dutton, 1998)—the key seems to be figuring out a way to make the program more culturally applicable and hourly adaptable.

By using the information garnered from this survey as a catalyst, the PFD can begin to customize its approach to designing a more effective EAP (NIOSH, 1999). As such, an eventual amalgamation of questions 2 and question 3 will ensure greater success.

Research Question 3

What measures could be taken to insure that a renovated EAP would instill both trust and confidence among the Peoria firefighters, while remaining practical from an administrative standpoint?

If only one lesson is learned as a result of this research, let it be the importance of confidentiality within the context of employee assistance (see Table 3). The credibility of the program and its administrators depends on the trust cultivated between those involved. Ultimately, “If there is no trust, no one will get the needed help” (Lemanski and Samuels, 2003, p. 75).

A participative approach to developing an EAP ensures a collaborative effort and employee buy-in (Buhler, 1993). Of those PFD members surveyed, 72% believe that if this type of bond exists between labor and management, a holistic approach to wellness can be successful (see Table 5). Only five members checked “no” when responding to this question, thereby providing hope that the a cooperative decision-making model (Hilyer, 1990) can be effective in cultivating combined efforts of the Wellness Coalition.

In terms of problem identification, Murphy (1995) supports generating a survey designed to target those areas needing the most attention, noting that it is a convenient vehicle for obtaining information about an employee’s state of mind. By learning and identifying the stressors that are having an impact on the wellbeing of firefighters, we gain the advantage in dealing with them effectively and limiting their negative aspects

(Fisher, 1995). Table 1 graphically summarizes the results attributed to members of the PFD. Of the 79 that responded, 13 (16%) have at some time in their careers experienced between 6 and 12 stress-related disorders—including entertaining thoughts of violence and/or suicide.

Table 6 illustrates a potential for program success. All eight of the comparable organizations that responded in the EAP survey identified their programs as either moderately successful or very successful. Six (75%) stipulated that stress awareness education was an important part of their programs. This is supported throughout this research—managers and peers must be given the resources to help firefighters combat the impacts of stress (Eyre, 2003; Murphy, 1995; and Lemanski and Samuels, 2003).

As noted in the introduction of this Discussion, what has become apparent through this research is the need for a proactive, institutionally customized Peoria Fire Department EAP. The program that exists is general in its approach, thus rendering it substantially ineffective. Although the exact implications of ignoring the results of this ARP can not be known, an examination of the signs and symptoms cradled within Table 1, gives a reader an idea of their potential.

The bottom line is that firefighters are subject to an unusually high amount of stress. Mix in the trials of a dysfunctional home, financial difficulties, and/or health problems, and you have a recipe for trouble. Conversely, should the PFD proactively employ a collaborative approach to education, mitigation, and consultation, the fruits of these efforts will likely spread to include improved employee morale, strengthened labor-management relations, a diminished number of sick days, and increased productivity (Dutton, 1998).

RECOMMENDATIONS

Given that an action research methodology was employed while writing this ARP, several proposals have either found roots, or will soon be presented for consideration at a decision-making level having the authority to allocate funds and/or resources. The results of this study indicate that an array of recommendations be considered.

Wellness Coalition

Continue to cultivate a bond through the newly established Wellness Coalition (Appendix E). The collaborative decision-making format will: (1) build trust and minimize the stigma associated with mental health, (2) increase the number of practical resources available the PFD membership, and (3) continue to foster cooperative relationships between a labor and management. The Coalition should continue to use the “problem identification, design and implication, and evaluation” model (Murphy, 1995) as a benchmark to focus their energy and commitment.

Employee Involvement

Facilitate increased employee involvement (Buhler, 1993; Dutton, 1998). As important as it is to participate in programs and meetings within the collaborative Labor/Management process, it has at times created additional stress for many PFD members. The faces in each of these committees are often the same—in some cases, time may be taken from an individual’s family, and that off-duty energy, normally used in relieving tension, is used managing department related issues.

A Local 493 and Management representative has embarked on an information/education campaign intended to generate more participatory interest among PFD members.

Customize the Approach

On an annual basis, conduct a “check-up” survey that measures the level of confidence and effectiveness in the employee assistance efforts with those of the preceding years. With that information, continue to adapt the approach to the evolving needs the PFD membership. This long-term approach will serve to expand general awareness, confirm organization commitment, and strengthen the support network of those having a natural stake in the outcome (NIOSH, 1999).

Blend the Families

Resulting from this research, the PFD has created a Wellness (Welcome) Wagon. As implied by the name, the program welcomes new fire department employees into the PFD extended family. With consideration toward helping members through their initial adjustment period (Smith, 2002), this open hand is offered to all new full-time employees, including administrative staff and technical support.

The program begins with an invitation addressed to the employee and their “significant other” to attend a private dinner in the home of the PFD Chief or a Local 493 representative. In a shared effort, the Chief and the Local representative begin the process of answering questions and providing information that will serve to create a lasting bond between the personal and professional lives of the employee. Included are a few welcoming gifts such as movie passes and restaurant gift certificates, but more importantly, information is provided on where the employee and his or her family may find employee assistance resources.

Mental Health Provider

The fire service is a field unique in character, tradition, and responsibilities. As such its members are faced with an array of stress related difficulties that range on a scale unlike many other professions. Although the City's current EAP process meets many of the needs of its employees, it often fails to recognize and provide necessary support to responding members of the fire department. A firefighter's unique shift schedule, disruptive sleep and eating patterns and interpersonal working relationships make for unusually high stress levels.

It is recommended that the City's current EAP process be complemented with support from industry trained mental health professionals (Lemanski and Samuels, 2003). Specifically, this would necessitate that the City seek a Request For Proposal (RFP) for counselors that understand the culture, and have been trained in managing issues unique to firefighters and their families.

As part of this process, a panel consisting of human resource, labor, and the fire administration personnel would interview those applying as the provider. In an effort to increase familiarity, those selected would then be asked to involve themselves in ride-a-long program with each of the three shifts, thereby minimizing the stigma associated mental health counseling. Finally, an approval list would be posted that demonstrated unified support for those counselors making an effort to familiarize themselves with our organization and its distinctive blend of stress-related issues.

As a short-term alternative, it is proposed that a single-year pilot be conducted retaining Ron Tapscott as the clinician of choice. Mr. Tapscott is currently employed by the Phoenix Fire Department as a mental health care provider (Appendix I). His

credibility comes from his understanding of the culture and issues associated with the schedule, relationships, and stressors unique to the fire service.

The proposal includes three training meetings (3 hours/shift), unlimited counseling sessions, and coordination with other mental health services provided by the City. A quote has already been submitted through the supplemental process for \$9,000 (Appendix G).

Peer Counselors

Several questions still exist regarding the confidentiality and overall effectiveness of peer counselors. This concept proposes that selected employees would be afforded an advanced level of training in the early recognition, education, and triage of firefighter stress. These individuals are not intended to take the place of professional practitioners; rather they are available to augment the more holistic approach of wellness by acting as a conduit between the members and additional resources. As is the case with paramedics, these peers would report to a licensed mental health “base practitioner” capable of providing training, structure, and ongoing advice throughout the process.

It is recommended that a two to four member labor management committee be formed to investigate the concept further. It is also suggested that as part of this process, an on-site visitation be funded to interview Dr. Robert Smith and a few members of the Washington Township Fire Department (WTFD) Stress Management Team (SMT). Dr. Smith is a published author (Fire Chief.com) and facilitator of the Indianapolis-based SMT. Although much of this may be possible by phone, it is felt that, given the intrusive nature of the program, a more comprehensive investigation can occur in person.

Mental Health Check-up: Annual

There are a handful of reasons why the City's EAP process is not maximized among PFD members, one of which includes a stigma of incompetence or maladjustment that envelops participating members. Yet, it is clear by conducting a general survey of the membership (see Table 1), that stress is prevalent, and that there are very few trusted answers on how it should be managed.

It is recommended that a study be conducted using a volunteer focus group made up of Peoria firefighters. Each would engage in an annual "mental health" check-up, similar to what is already conducted each year at the Phoenix Health Center.

The expected outcomes include: (1) generating a better understanding of the EAP process, (2) minimize the stigma associated with counseling, (3) create a trusting bond between counselor(s) and members, and (4) provide balance between work and family life (NIOSH, 1999).

An evaluative system using predetermined criteria should also be created to measure the general success of the check-up.

Financial Management

Financial management is an area often left off the menu of employer provided options, yet it has been identified as a primary cause of stress within 20% of the PFD membership (see Table 2). It is recommended that a low cost, high impact speaker be employed to provide the PFD membership some measure of financial advice. Likewise, a State of Arizona retirement advisor should be contacted to meet on an annual bases with those members seeking to sever employment within the following 12 months.

Topics should include an overview of the retirement system, social security and Medicare benefits, physical and mental health, coping with change, legal aspects of retirement (such as wills, trusts, estate planning, and taxes), and financial planning. The expected impact will include improved morale and decreased employee turnover.

City Wellness Committee

It is recommended that members of the Wellness Coalition get involved in other City of Peoria wellness efforts. Committee meetings offer a wide array of options available to reduce stress (Dutton, 1998), yet go virtually unused because of scheduling conflicts. Also, the Peoria HRD conducts biannual employee assistance contract reviews—one or more members of the Coalition should petition to sit on the selection board in an effort to ensure the PFD membership's interests are adequately represented. To this point, one such request from the PFD Deputy Chief of Operations has been accepted.

Secure City of Peoria Administrative Support

Many of the collaborative approaches to stress management can be developed without the securing of additional resources, however several of the new tactics will require additional time and money to accomplish. As such, stronger relationship must be developed between the Wellness Coalition and the City of Peoria Administration—to include: Human Resources, City Wellness Committee, Finance Department, and the City Manager's office.

It is a recommendation that the findings of this ARP be presented to representatives of each of these administrative offices in a united labor-management effort to gain financial support through the supplemental budgetary process. A detailed

proposal has already been submitted (Appendix G and H) to Peoria Fire Chief R. McKibben, however, without a clear understanding of the impact of such a request, success may be limited.

Expectations for Change

The problem has been that the Peoria Fire Department's EAP is largely considered as ineffective by its uniformed members. The purpose of this research has been to develop a comprehensive EAP that is uniquely applicable, proactive, and inclusive, thereby rendering it useful by the members of the Peoria Fire Department.

The affiliates of the Wellness Coalition believe that if, as a result of the proposed budget presentations, some degree of success is earned, a change for the better would occur. Already, the wellness efforts presented on behalf of the PFD membership have produced a measure of good will between Local 493 members and management staff.

Coalition members are also encouraged by the preliminary (informal) support provided by members of the HRD—in fact, a member of HRD has agreed to sit on the Coalition committee. However, if an appreciable change does not occur, and it is believed that the documented wellness needs of the PFD membership have, in some way, been minimized, the gaps (see Table3) of trust may be widened.

Recommendations for Future Readers

For readers interested in duplicating this research, it is recommended to follow a systematic approach:

1. Determine the problem, and commit to its resolution. There will be times where a researcher's interest and/or support will wane. Be sure that you are

committed to the topic, or your hardships will be reflected in your final product.

2. Narrow your topic; keep the questions to three or fewer.
3. Establish a relationship with the National Fire Academy Learning Resource Center. They are extremely helpful in gathering research information.
4. Do not rely solely on fire service-related sources. Industry has a lot to say on the subject, and is generally more apt to seek alternative solutions.
5. Establish an early relationship with your evaluator; seek advice as to the direction that you are going.
6. Develop partnerships with labor group. It will pay dividends in understanding the problem—when trust is at issue their support with open doors.
7. The confidentiality of the surveys should be protected – work with the local to come up with the questions and collect the data.
8. Share your ideas with a confidant you trust. Your eyes will begin to blur it helps if another can give you critical feedback.

Given mounting threats of domestic and international terrorism, developing a customized approach to stress management within those organizations tasked with emergency response is a process that cannot be ignored. However, the true terrorist threat lies within us– it comes in the form of ignorance and complacency. The mental state of our emergency responders is an issue that cannot be overlooked. It is this researcher's final recommendation that a customized approach to each organization's mental health needs be researched, developed, and consistently evaluated for improvement.

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APPENDIX A

Employee Assistance User Questions

As a user of the City of Peoria Employee Assistance Program, can you describe your experience in terms of:

1. Confidentiality:

In my experience there s no such thing as true confidentiality. I think once you activate EAP you are thought of as a liability not a person.

2. Credibility of the counselor (understanding of fire service culture, shifts, responsibilities, and relationship):

None of the counselors understood what we do or how we do it. When I tried to explain to them how are family “the fire fighters” interact and deal with problems they thought I was in a fantasy world. They are profit motivated the less the listen the longer it takes the more money they make.

3. Ability for the program/counselor to (1) understand your personal and professional issues, (2) provide an effective plan/solution(s):

I think the program is set up for the 9 to 5 I hate my job type of people. When I explained to them that my job is also a way of life and that I love what I do they thought I was trying to pull the wool over there (sic) eyes. As for a plan you jump through there hoops tell them what they want to here not what you feel and you will do fine. What helped me the most get over my depression from my divorce were the guys at work “even though I was cast out by the powers to be” and time.

4. Has there been any follow-up? If so, please describe your impressions:

I no longer am required to see any one from contact.

5. Do you have anything else to share that may help the Wellness Coalition improve the level of EAP service provided?

When I first came to my supervisor with my problem I felt totally confident that I would get the help I needed and wanted. As the days and weeks progressed I felt more and more like a criminal trying to prove my innocence. I truly think that in cases of depression for what ever reason other than a true criminal act we need to take care of our own and keep things in house. There are AR vans that respond on calls with us to help people when there is a death or something traumatic happens to them. There is no AR van for us the helpers.

Note: When asked if the employee had shared his/her experiences with other members of the department, he/she admitted that he had.

APPENDIX B:
EAP Wellness Survey – Captain’s Meeting

Question	Yes	No	Unsure
Have you ever received an orientation as to what is available through the City of Peoria’s Employee Assistance Program (EAP)?	67	29	1
Do you have an understanding of what the EAP offers to City’s employees?	57	24	19
Have you, for any reason, made use of the EAP?	14	81	0
Would you consider using the EAP program in the future?	33	38	29
If made available, would you find value in a program designed to provide firefighters with financial management?	43	29	29
If a Peoria Fire Department member was trained as a stress-related peer counselor, would you consider using them, should one day you find the need?	29	43	29
There appears to be a stigma among fire service professionals associated with mental health care. In an effort to minimize this, there has been some discussion to provide annual check-ups, similar to our annual medical physicals. Would you be interested in participating in a confidential pilot program that would provide for periodic visits to a fire service trained counselor?	45	48	1



FIRE DEPARTMENT

Memorandum

Date: October 21, 2003

To: Fire Department Personnel

From: Chief Robert McKibben and 493 VP Ron Singleton

Subject: Wellness Survey

A Wellness Coalition made up of a cross section of our membership has been formed in an effort to examine the effectiveness of the City of Peoria's Employee Assistance Program (EAP), as it pertains to fire department personnel.

In this regard, we have prepared a survey designed to aid us in targeting those areas causing the most stress within your work environment. The questions may seem intrusive, yet are designed to give the Coalition and Human Resources Department an accurate picture of the pressures our members are facing. The ideas being considered range from education to new programs designed to improve critical relationships.

The survey is completely confidential. Please fill it out as accurately as possible—it will provide our efforts with a firm foundation from which to customize a more effective EAP.

Please Check all that apply:

1. As a result of stress, I feel that I have experienced one or more of the following symptoms:
(Check all that apply)

Sleep Disorder	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Employee Conflict	<input type="checkbox"/>	Personal/Family Conflict	<input type="checkbox"/>
Professional Conflict	<input type="checkbox"/>	Depression	<input type="checkbox"/>
General Anxiety/Agitation	<input type="checkbox"/>	Physical Illness	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	Loss of Sex Drive	<input type="checkbox"/>
Violent Tendencies	<input type="checkbox"/>	Suicidal Tendencies	<input type="checkbox"/>

2. One or more of the following contributes to my level of stress at work:
(Check all that apply)

Financial Management	<input type="checkbox"/>	Time Management	<input type="checkbox"/>
Number/Type - EMS Calls	<input type="checkbox"/>	Number/Type - Fire Calls	<input type="checkbox"/>
Coworker Relationships	<input type="checkbox"/>	Supervisor Relationships	<input type="checkbox"/>
Management Relationships	<input type="checkbox"/>	Personal/Family Relationships	<input type="checkbox"/>
Addictions (Drugs or Alcohol)	<input type="checkbox"/>	Lack of Time With Family	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	Promotion/Education Requirements	<input type="checkbox"/>
Gender (Coworker) Issues	<input type="checkbox"/>	Station/Apparatus Maintenance	<input type="checkbox"/>

3. Historically, I believe the following have been stumbling blocks for the existing EAP to succeed:
(Check all that apply)

Trust Administration	<input type="checkbox"/>	Trust Local 493	<input type="checkbox"/>
Trust City Human Resources	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>
Program Credibility	<input type="checkbox"/>	Lack of EAP Understanding	<input type="checkbox"/>
Counselor Credibility (Culture)	<input type="checkbox"/>	Fear of Peer Reprisals (Perception)	<input type="checkbox"/>
Negative Stigma/Perception	<input type="checkbox"/>		

4. As a member, you would consider using one or more of the following if made available:
(Check all that apply)

Financial Management	<input type="checkbox"/>	Peer Counselors	<input type="checkbox"/>
City of Peoria EAP	<input type="checkbox"/>	Fire Department Counselor	<input type="checkbox"/>
Personal Physician	<input type="checkbox"/>	Personal Counselor	<input type="checkbox"/>

5. There appears to be a stigma among fire service professionals associated with mental health care. In an effort to minimize this, there has been some discussion to provide annual check-ups, similar to our annual medical physicals. Would you be interested in participating in a confidential pilot program that would provide for periodic visits to a fire service trained counselor?

Yes ☐ No ☐ Unsure ☐

6. Would you be interested in becoming a peer counselor?

Yes ☐ No ☐ Unsure ☐

7. Do you believe a holistic approach to Wellness, including stress management, can be successful if a strong bond is formed between all Peoria Fire Department members having a stake in the outcome?

Yes ☐ No ☐ Unsure ☐

APPENDIX D Shift Survey Charts

Figure 1

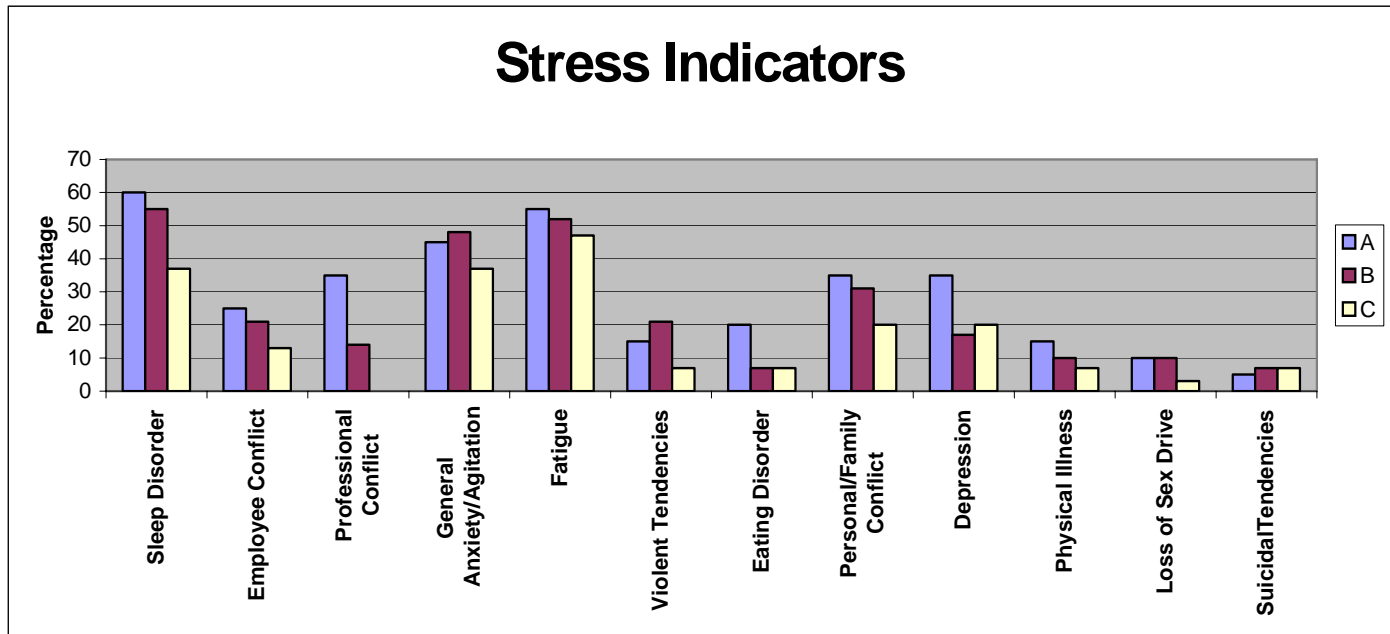


Figure 2

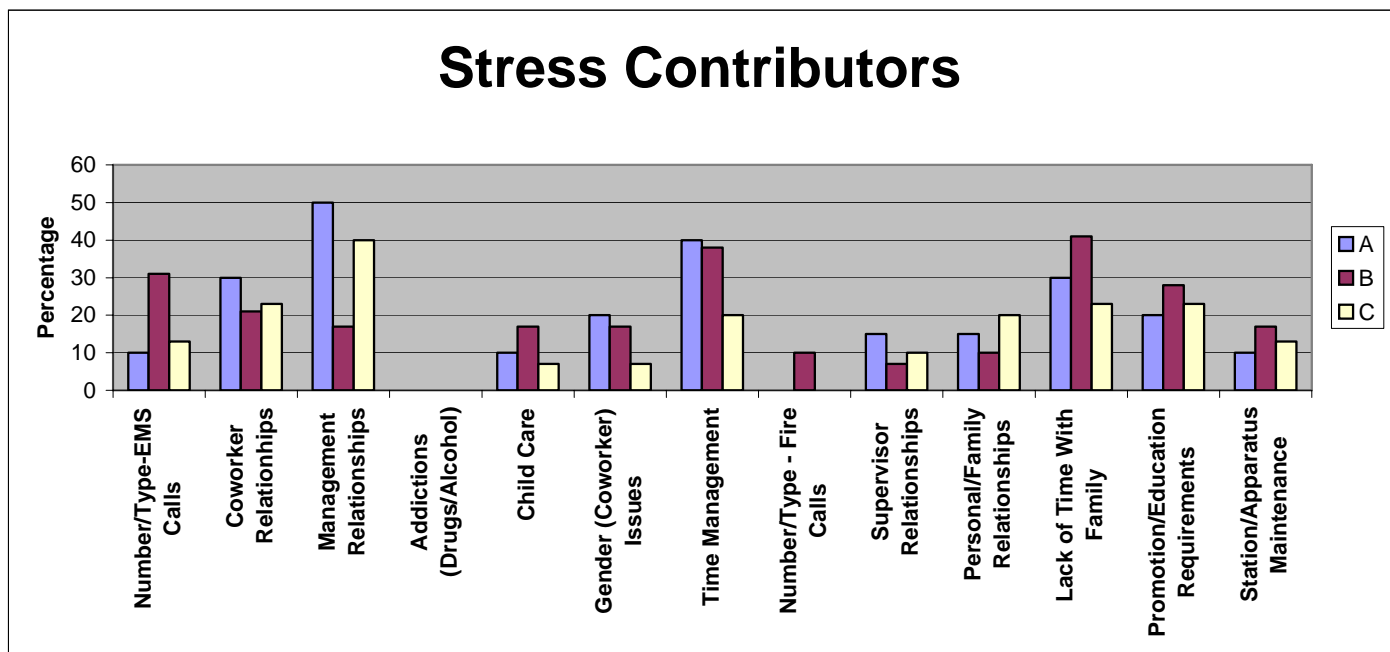


Figure 3

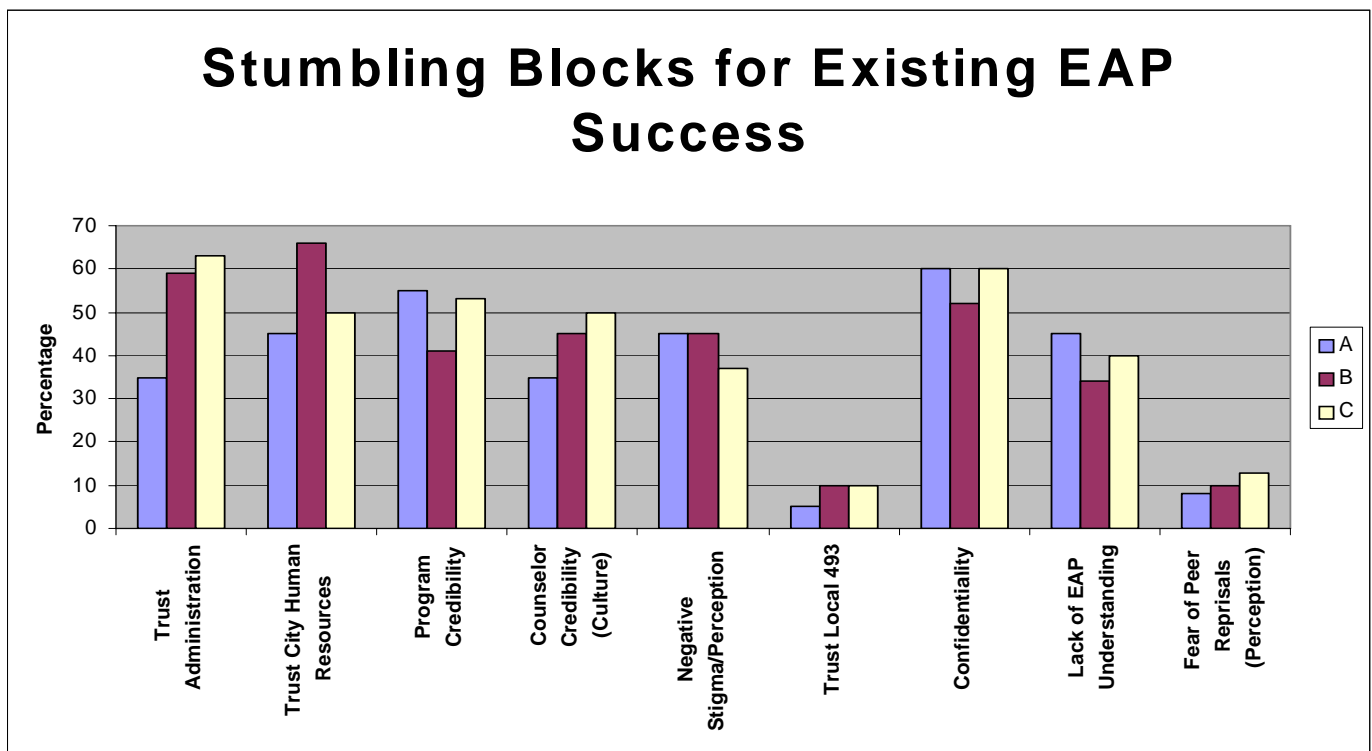
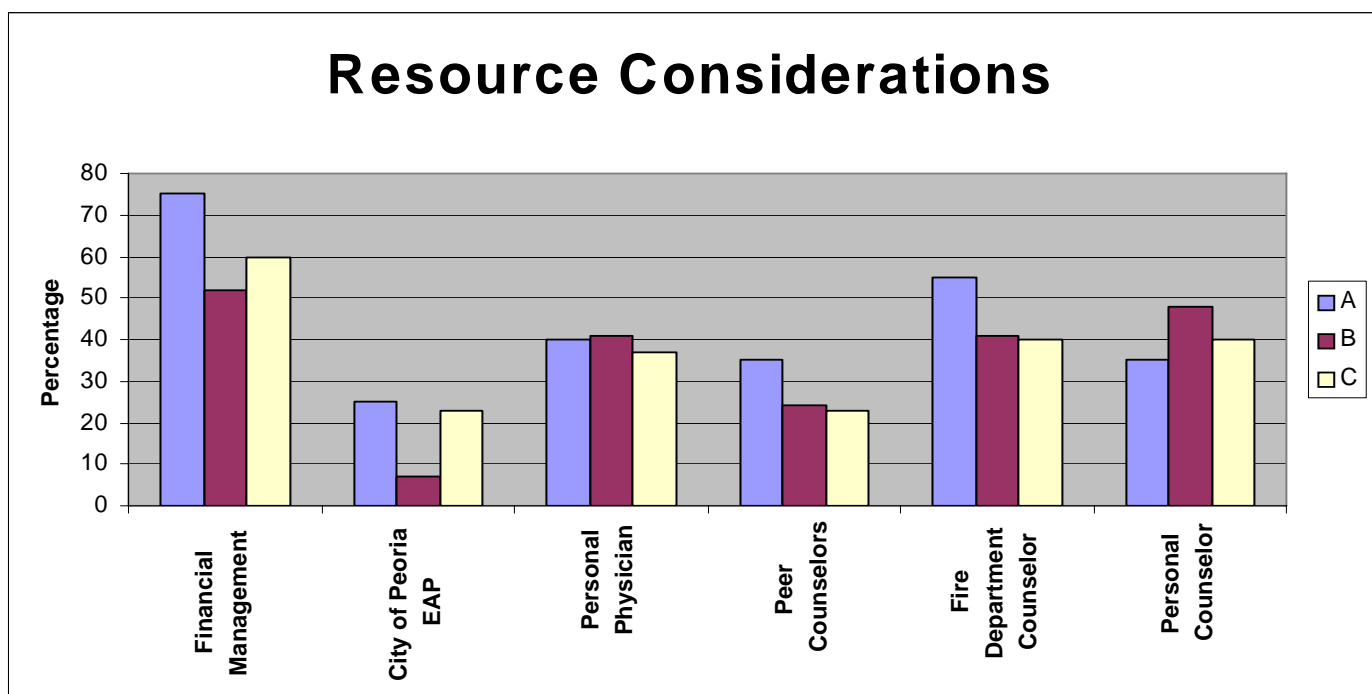


Figure 4





FIRE DEPARTMENT

Memorandum

Date: November 7, 2003
To: Comparable City
From: Operations Chief Scott Ferguson

Subject: Wellness Survey

In an effort to examine the effectiveness of our Employee Assistance Program (EAP), the Peoria Fire Department recently formed a Wellness Coalition made up of a cross section of our membership. The intent of this Coalition is to explore opportunities to minimize the effects of stress by proactively seeking alternatives to the way we are currently doing business.

To honor this goal, both Management and the members of Local 493 (Peoria Chapter) have embarked on a quest to develop a holistic approach towards education and early treatment. It is our combined hope that such an effort will (1) build trust and erase the stigma associated with mental health, (2) increase the number of practical resources available to our members, and (3) continue to foster cooperative relationships between a labor and management.

In this regard, we have prepared a survey designed to aid us in targeting those areas causing the most stress within our work environment. The questions may seem intrusive, yet are designed to give the Coalition and Human Resources Department an accurate picture of the pressures our members are facing. Please consider having the person(s) that manages your program fill out the attached questionnaire.

If your organization does have an EAP, we would appreciate a copy of any components that you feel may help further our cause.

Thank you for your time.

List of Comparable Fire Departments Surveyed

Organization	Contact	Contact Number	Received	
			Yes	No
Chandler Fire Department	Val Gale	480-782-2007	x	
Chula Vista Fire Department	Jim Geering	619-691-5055	x	
Corona Fire Department	Raymond Lusk	909-736-2256	x	
Gilbert Fire Department			x	
Glendale Fire Department	BC Joe Young	623-930-3400		x
Henderson Fire Department	Randy Howel	(fax) 702-565-4214	x	
Modesto Fire Department	Tom Brennan		x	
Mesa Fire Department	Steve Giardini	(fax) 480-644-4460	x	
Phoenix Fire Department	Donna Campell	602-495-5797	x	
Scottsdale (Rural Metro) Fire Department	Sandy Nigard	(fax) 480-627-6644		x
Tempe Fire Department	Tom Abbott	(fax) 480-858-7214		x

Wellness Survey (Results in Blue)

1. Indicate the population of the community you serve:

25,000 – 100,000 ☐ 100,001 – 150,000 **1** 150,001 – 200,000 **2** 200,000 and Over **5**

2. Indicate the number of uniformed suppression members within your department:

50 – 100 **2** 101 – 150 **2** 151 – 200 **2** 201 – 250 ☐ 251 – 300 ☐ 301 and over **2**

3. If your organization employees the services of an EAP, how would you describe its success:

Very Successful **1** Moderately Successful **7** Unsuccessful ☐ Ineffective ☐

5. Mark the programs/areas that your organization provides to its membership:

- Financial Management **3**
- Peer counselors (trained and mentored by clinician) **6**
- City Employee Assistance Program (without fire service orientation) **7**
- Counselor/clinician trained/oriented in fire service culture **3**
- Stress Awareness Education **6**
- Counselor ride-along program ☐
- Welcome Wagon (personal time shared by Chief and labor representative to welcome families of new employees) **1**

6. To the best of your knowledge, what areas do you feel impact the increased level of stress within your organization:

- | | |
|-------------------------------------|-----------------------------------|
| • Financial Management 2 | • Time Management 6 |
| • EMS Calls 6 | • Fire Calls 3 |
| • Management Relationships 3 | • Personal Relationships 5 |
| • Supervisor Relationships 2 | • Peer Relationships 3 |

7. As a result of a comprehensive survey, we have found that some of our members are suffering from varying degrees of stress. With this knowledge in hand, we are trying to establish an industry trend, so as to create a customized approach to meeting the needs of our members. To the best of your knowledge, are your members suffering from any of these signs or symptoms:

- | | |
|--|--|
| • Sleep Disorder 2 | • Eating Disorder 1 |
| • Employee Conflict 3 | • Personal/Family Conflict 2 |
| • Professional Conflict <input type="checkbox"/> | • Depression 1 |
| • General Anxiety/Agitation 1 | • Physical Illness <input type="checkbox"/> |
| • Fatigue 3 | • Loss of Sex Drive <input type="checkbox"/> |
| • Violent Tendencies <input type="checkbox"/> | • Suicidal Tendencies <input type="checkbox"/> |



Peoria Fire Department Wellness Coalition



The intent of the Wellness Coalition is to explore opportunities to minimize the effects of stress on the employees of the Peoria Fire Department (PFD). To honor this goal, both Management and the members of Local 493 (Peoria Chapter) have embarked on a quest to develop a holistic approach towards education and early treatment. It is our combined hope that such an effort will (1) build trust and erase the stigma associated with mental health, (2) increase the number of practical resources available to our members, and (3) continue to foster cooperative relationships between a labor and management.

To this end, the following components have been identified as worthy of consideration:

EFFORTS CURRENTLY IN PLACE

A. Annual Medical Physicals

Sworn Fire Personnel Medical Examinations:

1. Complete Medical History
2. Ophthalmologic Screening
3. Audiometry
4. Urinalysis
5. Vital Signs
7. Electrocardiogram
8. Radiology
9. Pulmonary Function Screening Test 9. Hematology Profile
10. Blood Chemistry Profile
11. Stool occult blood test (3) for stomach and intestinal tract bleeding for those over age 40
12. Complete physical examination by fire department staff physician, including:
 - a) Fundoscopic examination of the retina of the eyes
 - b) Rectal examination for men
 - c) Proctoscopic examination every 4.5 years for those over age 50 or with history of bleeding (This test is advisable, but optional)
 - d) Extensive physical examination

14. Complete discussional review of exam results with examinee:
 - a) Specific laboratory testing as directed by the work history and the physical examination
15. Written documentation of examination results to be placed in the Health Maintenance Notebook
16. When indicated or requested, a copy of the exam results can be forwarded to the examinee's personal physician
17. Members 35 years old and under will be tested on treadmill every third year. Those 35 to 44 years old will be tested on treadmill every other year. Those 45 and older will be tested yearly.

B. City of Peoria EAP Process

CONTACT - It is a professional counseling, referral and educational service with offices throughout Arizona.

The counseling staff consists of state-licensed psychologists and masters and doctoral level therapists. For long-term therapy or specialized treatment, referrals are made to community professionals and treatment sources.

Employees, spouses, and dependent family members may use the service up to 12 visits (each) per fiscal year without charge. If additional assistance is necessary, the counselor will try to minimize the cost by referring you to professionals/treatment sources covered by your health insurance or to community services based on an individual's ability to pay. Emergency service is available 24 hours a day.

When a job performance problem occurs, your supervisor may refer you to CONTACT. Use of the EAP is voluntary; however, if the offer of help is refused and job performance continues to decline, regular corrective procedures may apply.

As a full-service **CONTACT** provides:

1. Assessment and short-term therapy for personal problems.
2. Referral to professionals and treatment sources throughout Arizona for on-going or specialized therapy.
3. Information and referral to community resources for social service issues (legal concerns, child and elder care, budgeting, self-help groups, etc.)
4. 24 hour crisis intervention
5. Toll-free 800 telephone number for use when outside of service areas
6. Website - self-assessment screenings: www.contactbhs.com

CONTACT provides the strictest confidentiality possible, as set forth in state and federal statutes. Neither your employer nor your co-workers will have knowledge of a discussion with a counselor. If the need is indicated, a counselor may encourage other members of the family to participate in the program. Release of information regarding use of the EAP

by an individual can only be given with his/her written consent, except where required by law (i.e., suspected child abuse or posing a danger to self or others).

Biodyne – BlueChoice provides behavioral health care that includes:

1. Services for mental health, chemical dependency or psychological counseling is provide or referred exclusively by Biodyne.
2. **Impatient benefits:** \$100 co-payment per admission. Covered in full up to a maximum of 30 days per 24-month period.
3. **Outpatient benefits:** \$10 co-payment up to an out-of-pocket maximum of \$100 per subscriber per calendar year; covered in full thereafter. Family maximum of \$200.
 - a) Mental disorders and chemical dependency treatment and counseling.
 - b) Counseling: Marriage, family alcohol and substance abuse, and 240hour-crisis intervention.
 - c) Lifestyle management: weight reduction, smoking cessation, stress management, and biofeedback.
 - d) No referral necessary from you Personal Care Physician.

C. Labor/Management Process

The spirit of the PFD Labor/Management process is to provide all members with a voice in many of the development and decision making aspects of the department. The following is an outline of how the process is structured:

Purpose

To provide an effective and efficient operating structure for labor and management to:

1. Communicate
2. Air Concerns
3. Provide Input
4. Resolve Issues
5. Support a positive, safe, and productive working environment

Structure

Executive Labor Management Committee:

An Executive Labor Management Steering Committee will oversee and coordinate all Department Labor-Management efforts. The Executive Steering Committee (ESC) will endeavor to meet monthly for a minimum of two hours for the first six months of its operation and at least quarterly thereafter.

ESC Members:

The Executive Steering Committee (ESC) will be comprised of the Union President and three Executive Board Members, Fire Chief, and the two Deputy Fire Chiefs

Roles and responsibilities

The Executive Steering Committee will determine how Labor-Management will operate. The ESC will charter and manage the efforts of all Labor-Management subcommittees. They will determine the purpose of subcommittees, the members, operating ground rules, decision-making, authority, and duration.

When subcommittees cannot reach agreement the ESC will either provide assistance to the subcommittee to help them or decide the matter themselves.

The ESC will make decisions and recommendations by consensus of its members. Consensus means that all members can live with the decision, even though it may not be their preferred solution.

The ESC will make decisions or recommendations on operating issues affecting labor and management (excluding labor contract bargainable issues) that they have not delegated to subcommittees.

The ESC will be given a timely and meaningful opportunity to make recommendations regarding “Policy”, “Department Philosophy”, and other strategic issues before decisions are made.

The ESC recognizes and respects that such decisions are ultimately made by the Chief, City Manager, Deputy City Manager and/or City Council. The ESC will also focus on ways to enhance labor-management communication, trust and respect throughout the Department and City Administration.

The ESC will not operate in a vacuum. It is understood and expected that the Union will inform and seek approval of its members on key issues as will management inform and seek approval of the Chief, City Manager and Deputy City Manager on key issues. However this will in no way dilute the authority of ESC members to represent the interests of their constituents and resolve issues at the ESC meetings.

Two co-chairs will coordinate ESC meetings. Labor ESC members will select the Labor Co-Chair and Management ESC members will select the Management Co-Chair.

The co-chairs will:

1. Develop agendas for ESC meetings.
2. Assure that regular ESC meetings are held (at least quarterly).

3. Communicate with subcommittees about their rules, membership, meeting schedule, timelines, issues to be dealt with, ground rules and duration.
4. Make sure that all ESC decisions, agreements and/or recommendations are recorded, dated and signed off on by ESC members.

Minutes (summarizing actions taken) of all ESC and Subcommittee meetings will be taken, approved by committee members and sent to the Fire Chief, City Manager, Deputy City Manager and Department Staff.

Subcommittees

Subcommittees on specific issues or general areas may be formed by the ESC. Subcommittees may be ongoing such as “Safety”, “Deployment,” “Customer Service”, “Maintenance” etc., or may be tasked with recommending a resolution to a specific issue. Subcommittees will be composed to the extent possible by an equal number of labor and management members and will operate by consensus. Members will make every effort to attend subcommittee meetings. No alternatives will be designated. Subcommittees will report all decisions or recommendations to the ESC and will operate according to the ground rules provided by the ESC.

Intent

The intent of all ESC members and Subcommittee members is to work together to make Peoria Fire Department the best it can be. It is not an effort to co-manage the department or to co-opt labor. All parties to labor-management commit to work hard to build positive relations. This includes meeting and communicating regularly, dealing with each other directly and taking care of problems when they are small. All individuals will call first and talk to each other before making a big deal out of something. Labor-Management will lead by example, give each other the benefit of the doubt and check things out before making judgments.

The ESC will review this labor-management model and the attached ground rules regularly. Modifications will be made as deemed necessary.

D. Professional Development

The fire department recognizes the link between proficiency and confidence, as it pertains to stress. With this in mind, an aggressive professional development program has been developed to better prepare those of our membership for leadership roles. These have taken the form of Engineer, Captain and Battalion Chief move-up programs, as well as a chief officer academy and skill-focused workshops. The City of Peoria also provides a very liberal tuition reimbursement policy.

E. Pre Employment/Promotion Psychological Screening

The l6PF:

The 16PF (Personality Factors) is a multi-dimensional set of sixteen questionnaire scales. It is designed to make available comparative information about an individual's standing on the majority of primary personality factors that constitute the total human personality sphere. It is designed to describe the primary source traits of a person's personality. The instrument is over 35 years old and uses a very large database of individuals for comparative analysis. It is professionally considered one of the best-designed and well-researched instruments in psychology.

The Myers Briggs Type Indicator (MBTI):

The purpose of the Myers Briggs Type Indicator is to make the theory of Carl G. Jung understandable and applicable to people in their daily lives. The essence of the test is to evaluate the basic differences in the way individuals prefer to use their perception and judgment. Perception involves all the ways of becoming aware of things, people happenings, or ideas. Judgment involves all the ways of coming to conclusions about what has been perceived. If people differ systematically in what they perceive and in how they reach conclusions, then it is only reasonable for them to differ correspondingly in their reactions, interests, values, motivations and skills. The MBTI measures and describes in very positive and non-threatening terms our preferences regarding these variables.

LEADERSHIP PRACTICES INVENTORY:

The Leadership Practices Inventory (LPI) is part of an extensive research project into the everyday actions and behaviors of exemplary leaders at all levels in a variety of settings. The authors identified five practices that were common to most extraordinary leadership achievements. When performing at their best, leaders challenge, inspire, enable, model and encourage. The LPI helps you discover to what extent you have acquired these five practices. The presentation here describes the characteristics of these practices and lets us know how the candidates for this job saw themselves on the survey. Extensive research has been done to determine if we can essentially trust the candidate or test taker to report honestly about their self-perceptions. In addition it has been determined that most of the time individuals will report self-scores that reflect the view of their peers and subordinates when those people are asked to respond. Therefore, in this situation we are using it as a general overview of how the candidate see themselves and what you might expect from them in leadership behavior.

STRONG INTEREST INVENTORY:

This survey is a vocational-interest inventory that asks a respondent to indicate a degree of preference for a wide range of occupations, occupational activities, hobbies, amusements, school subjects, and types of people. The survey is broken into three main categories or types of information: First, scores on six General Occupational Themes (The Holland Themes – which is also provided in the 16PF mentioned above); second, scores on twenty three Basic Interest Scales which are subsets of the Occupational

Themes; and finally into a set of two hundred and eleven primary jobs/occupational scales which indicate a degree of similarity between the respondent's interests and the characteristic interests of the men and women in a wide range of different occupations. This survey is not designed to tell us what someone should pick as a specific career path but rather it gives us a template or pattern to use when as a good measure of how well the candidate will fit a specific job/career that they want to try out or explore. It is like knowing what size suits you wear, what colors you like, and what you want occasions you would wear the suit for before you go shopping. This makes selection a lot faster and more accurate.

F. City of Peoria Wellness Committee

Wellness Committee Home Page. Within the page you will find information such as general health and well being, City employee special events, interesting health and fitness articles, a massage schedule, healthy recipes, and Weight Watchers.

CONSIDER MODIFYING APPROACH

A. Employee Involvement

As important as it is to participate in programs and meetings within the collaborative Labor/Management process, it has at times created additional stress for many of our members. The faces in each of these activities are often the same; in some cases, time may be taken from an individual's family, and that off-duty energy, normally used in relieving tension, is used managing department related issues.

The Local and Administration has embarked on an information/education campaign intended to generate more participatory interest among our members. It is the responsibility of the chief and his/her staff to create an inviting atmosphere, filled with enough challenges and opportunities to get those with various talents and aptitudes involved. With that said, the greatest amount of the burden to engage those that have chosen not to participate will lie with the labor group.

B. New Employee Orientation: Welcome Wagon

As implied by the name, a program would be created that welcomes new fire department employees into our extended family. Currently, a barbecue is held prior to new fire recruits being assigned to a 24-hour shift. In the future, such an effort would extend to all new full-time employees, including administrative staff and technical support. In addition, new members would be provided a gift pack that would include the following items:

1. Peoria Fire Department (PFD) coffee mug, pencils, and pens
2. PFD T-shirt(s)
3. Map of City, attractions, and restaurants (when applicable)
4. Movie tickets from local theater

5. Dinner gift certificate
6. Information regarding peer support and EAP resources

C. Employee Fitness Program - Peer Fitness Trainers

This individual must have the ability to design and implement programs, to improve the wellness and fitness of his or her department and to assist with the physical training of recruits.

The role of the Peer Fitness Trainer is to encourage safety and participation in physical conditioning through guidance and supervision of personal exercise.

Peer Fitness Trainers have been trained and educated in a state certified training facility. Upon completing and certification, they are educated in the following areas:

1. Science of exercise
2. Development of exercise program.
3. Exercise safety
4. Proper exercise techniques
5. Nutritional and wellness consultation

Peer Fitness Trainers will be used to:

1. Educate Company officers
2. Educate incumbent and new hires
3. Design and test fitness equipment
4. Design and support personalized fitness programs for all members, improving fire fighter health, wellness, fitness, safety and performance, improving the effectiveness of our fire fighters and every fire department in meeting the needs of the community

The Peoria Fire department currently has one (1) Peer Fitness Trainer available to all members. The trainer is available to department members for consultation, exercise design, follow up, and wellness information. Peer Fitness Trainers are also available to each recruit class in order to incorporate fitness early into their culture.

Other considerations: ACE and IAFF share the goal of increasing the health and wellness of children across the U.S. and Canada. Certified PFT's will lead FireFitKids, an IAFF program designed for high school-aged children that teaches the benefits of participating in a consistent exercise program. Operation FitKids, a program supported by ACE, brings fitness facilities to financially needy schools and community centers through the donation of recycled commercial fitness equipment. Using Fire fighters as

role models, the IAFF will provide community outreach at Operation FitKids facilities while introducing teenagers to the fire service and the need for wellness.

D. Mental Health Provider

The fire service is a field unique in character, tradition, and responsibilities. As such its membership is faced with an array of stress related difficulties that range on a scale unlike many other professions. Although the City's current EAP process meets many of the needs of its employees, it often fails to recognize and provide necessary support to responding members of the fire department. A firefighter's unique shift schedule, disruptive sleep and eating patterns and interpersonal working relationships make for unusually high stress levels. Add to that the nature of his or her regular call volume and traumatic encounters, and its no wonder that firefighters have the highest divorce rate among professionals.

Our proposal is to complement the City's current EAP process with support from industry trained mental health professionals. Specifically, this would necessitate that the City seek a Request For Proposal (RFP) for counselors that understand the culture, and have been trained in managing issues unique to firefighters and their families.

As part of this process, the Wellness Coalition is requesting that a panel consisting of human resource personnel, Local 493, and the fire department administration would interview those applying as the provider. In an effort to increase familiarity, those selected would then be asked to involve them in ride-a-longs with each of the three shifts, thereby minimizing the stigma associated mental health counseling. Finally, an approval list would be posted that demonstrated unified support for those counselors making an effort to familiarize themselves with our organization and its distinctive blend of stress-related issues.

E. CISM

NEW CONCEPTS

A. Peer Counselors (Stress Management Team – SMT)

This concept proposes that peer counselors would be afforded an advanced level of training in the early recognition, education, and triage of firefighter stress. These individuals are not intended to take the place of professional practitioners; rather they are available to augment the more holistic approach of wellness by acting as a conduit between the members and additional resources.

As is the case with paramedics, these peers would report to a licensed mental health "base practitioner" willing to provide the training, structure the program, and ongoing advice throughout the process.

B. Mental Health Check-up: Annual

There are a handful of reasons why the City's EAP process is not maximized among fire department members, one of which includes a stigma of incompetence or maladjustment that envelops participating members. Yet, it is clear by conducting a general survey of the membership, that stress is prevalent, and that there are very few trusted answers on how it should be managed.

In an effort to kill two birds with one stress-relieving stone, the Wellness Coalition is proposing that a study be managed using a focus group made up of Peoria firefighters. Each would engage in an annual "mental health" check-up, similar to what is already conducted each year at the Phoenix Health Center.

The theory is that participants would (1) better understand the EAP process, (2) minimize the stigma associated with counseling by making it a regular occurrence, common with other employees, (3) familiarize members with counselors, thereby increasing the likelihood that they will be used when an appropriate situation dictates, and (4) catch budding stress related issues before they bloom.

A system must be developed in order to evaluate the effectiveness of the program, while maintaining absolute confidentiality (within the law). While there is an expectation that the numbers may be skewed, (presuming that volunteers may have an above or below average number of mental health issues) there should be predetermined criteria from which to measure the general success of the check-up.

C. Financial Management

Even in an organization balancing on the cutting edge of employee benefits, counseling services, and compensation, financial management is an area often left off the menu of employer provided options, yet is ironically one of the greatest causes of stress. The following are excerpts taken from Dave Ramsey, a highly regarded financial manager:

We all know that stress over personal finance affects our personal lives, but what about our work lives? You'd be surprised to see what we found:

5. The #1 reason for stress in the workplace is personal finance.
6. Up to 40% of employees admit that stress over personal finance negatively affects their productivity at work.
7. Employees waste 20+ hours a month thinking about money.
8. Regardless of income, 70% of employees are living paycheck to paycheck (In other words, they have too many months at the end of the money!)

Companies are looking for team members who are focused 100% on their company's top priorities. Team members who are energized go-getters who take the long-term vision into consideration when making decisions are prized possessions in any company. But

stress over personal finance is keeping even star team members from being 100% focused and intense at work.

Financial Peace @ Work eliminates the outside distraction of personal finance &:

5. Reduces employee time off Improves morale and productivity
6. Strengthens employee relationships
7. Decreases employee turnover
8. Gives employees control of their money, and they feel like they have received a pay raise
9. Increased employee loyalty and commitment

Although the plug may appear a bit gratuitous, the notion is not. The Wellness Coalition is supportive of bringing in a financial manager to speak on the perils of overspending, and help prescribe a plan that would diminish debt, thereby reducing stress in the work place.

D. Pre-Retirement Counseling

Pre-retirement planning sessions could be scheduled periodically for employees, particularly for those nearing retirement age. Spouses would also likely benefit from these discussions. Topics should include the retirement system, social security and Medicare benefits, physical and mental health, coping with change, legal aspects of retirement (such as wills, trusts, estate planning, and taxes), and financial planning. Outside speakers such as doctors, lawyers, Social Security Administration representatives, real estate brokers, bankers, investment brokers, and Internal Revenue Service representatives can provide useful information.
(http://policy.nrcs.usda.gov/scripts/lpsiis.dll/GM/GM_360_416_a.htm)

APPENDIX G

Supplemental Budget Requests Pilot – Employee Assistance Program

Total Supplemental Cost - \$9,000

Account Number	Description	One-Time Cost	Ongoing Cost	Total Cost
	Counseling services for both sworn and non sworn fire department members	\$9,000		\$9,000
	Subtotal			\$9,000
	Tax			
Total				\$9,000

Please describe this request

As a pilot, Ron Tapscott would provide all fire department members with a single year's counseling services. Mr. Tapscott is currently employed by the Phoenix Fire Department as a care provider. His credibility comes from his understanding of the culture and issues associated with the schedule, relationships, and stressors unique to the fire service.

The proposal includes three training sessions (3 hours/shift), unlimited sessions (CONTACT is limited to 12 annually) , and coordination with other mental health services provided by the City.

How will this request affect the current service level

- Decreased sick usage – stress induced illnesses
- Increased use of applicable counseling services - avenue to manage stress-related anxieties
- Increased morale

Discuss other options/alternatives, which are available to address this concern

1. Status quo – limit ourselves to those exposures that can be managed with current resources (CONTACT and Biodyne)
2. Seek alternative funding

Supplemental Budget Requests Wellness Coalition
--

Total Supplemental Cost - \$17,251

Account Number	Description	One-Time Cost	Ongoing Cost	Total Cost
	Welcome “Wellness” Wagon Baskets (x 13 - Vistancia) <ul style="list-style-type: none"> • Dinner Gift Certificates • Movie Tickets • Basket • T-shirts 	\$95		\$1,235
	Training Site Visit (Lbr/Mgmt) <ul style="list-style-type: none"> • Travel (Washington Township) • Per Diem 	\$758		\$1,516
	Peer Fitness Trainers (Tuition) (x 2 - augment existing compliment)	\$750		\$1,500
	Kick Off <ul style="list-style-type: none"> • Speaker Fee (\$1,500) • Expenses(\$700) 	\$2,000		\$2,000
	Financial Management <ul style="list-style-type: none"> • Speaker Fee (\$1,500) • Expenses(\$700) 	\$2,000		\$2,000
	Counseling services (Ron Tapscott)	\$9,000		\$9,000
	Subtotal			\$17,251
	Tax			
Total				\$17,251

Please describe this request

The intent of this request is to minimize the effects of stress on the employees of the Peoria Fire Department (PFD) through a holistic approach towards education and early treatment. It is our combined hope that such an effort will (1) build trust and erase the stigma associated with mental health, (2) increase the number of practical resources available to our members, and (3) continue to foster cooperative relationships between a labor and management.

As a pilot, Ron Tapscott would provide all fire department members with a single year’s counseling services. Mr. Tapscott is currently employed by the Phoenix Fire Department as a care provider. His credibility comes from his understanding of the culture and issues associated with the schedule, relationships, and stressors unique to the fire service. The proposal includes three training sessions (3 hours/shift), unlimited sessions (CONTACT is

limited to 12 annually) , and coordination with other mental health services provided by the City.

How will this request affect the current service level

Research conducted by the Wellness Coalition indicates that a customized, holistic approach to mental health will reduce employee absenteeism, turnover, direct medical costs, workers' compensation and other legal costs, diminished productivity, and accidents.

Discuss other options/alternatives which are available to address this concern

3. Status quo – limit ourselves to those exposures that can be managed with current resources (CONTACT and Biodyne)
4. Seek alternative funding
5. Discontinue commitment to the program

APPENDIX I

**Ron Tapscott MSW
61 E. Columbus
Phoenix, AZ
602.722.4087**

**Professional
Qualifications:**

Master's in Social Work, University of Wisconsin, 1986

B.A. in Psychology and Sociology, Kent State University, Ohio, 1969

Arizona Certified Independent Social Work (CISW- 16441)

Professional Experience:

Seventeen (17) years in private practice, community mental health, employee assistance programming, managed behavioral care. Skills include short term, solution focused therapy, individual, family, couple and group counseling, chemical dependency counseling, emergency services, training and development.

Twelve (15) years experience in employee assistance programming, counseling services, program development, policy and procedure consultation and development, and critical incident team development, training, and facilitation for several Arizona Fire departments and emergency service personnel organizations.

Administrative skills include program development and implementation, clinical supervision, marketing, and operations management.

Professional History:
1998 to Present

Director Behavioral Health Programs for United Phoenix Fire Fighters (I.A.F.F. #493) and City of Phoenix Fire Department. Providing consultation, program development, benefit coordination and direct service.

1996 to 1998

Clinical Director City of Phoenix Fire Department Behavioral Health Program, providing direct service, consultations for policy and procedure development, quality assurance, program development and internal marketing.

1987 to 1996

Clinical Director and Management Partner for Counseling and Family Resources, DBA EAP Preferred, Phoenix, AZ, providing direct service, clinical supervision, training and development, marketing, contract development, and management consultation.

Contract manager, program developer, and emergency service provider for the Phoenix Fire Department providing critical incident team development, facilitation, and management.

Employee assistance programming, contract management, and treatment includes chemical dependency assessment, treatment, case management, training and treatment supervision. Training includes supervisory and management

referral methods, signs and symptoms of chemical dependency among employees, and policy and procedure guidelines to manage employees who are chemically dependent. Training also includes training of peer counselors to identify and support chemically dependent co-workers through the treatment process.

Intensive outpatient program development includes creation of an intensive outpatient chemical dependency treatment group utilizing systemic, solution focused paradigms to address individual and family concerns relative to substance abuse and its impact on marriage and families.

1988 to 1990

Clinical Coordinator for St. Luke's EAPlus, Employee Assistance Program, Phoenix, AZ, providing internal-external employee assistance programming, clinical supervision, training, and program development. Contract manager and Program Developer for Phoenix Fire Department, Chandler Fire Department, Sun City Fire Department providing critical incident team development, facilitation and management.

Employee assistance programming, contract management, and treatment included chemical dependency assessment, treatment, case management, and training and treatment supervision. Training included supervisory and management referral methods, signs and symptoms of chemical dependency among employees, and policy and procedure guidelines to manage employees who are chemically dependent. Training also included training of peer counseling to identify and support chemically dependent co-workers through the treatment process.

1987-1988

Clinical/Crisis Therapist for Phoenix South Community Mental Health Center, Phoenix, AZ, providing crisis and emergency services for individuals, couples, and families. Member of Phoenix South Quality Assurance Program. Emergency services included chemical dependency assessment, evaluation, treatment, referral and case management. Clientele were often homeless and SMI were CD issues were present and pervasive. Multi-disciplined staff of therapist, nurses, and psychiatrist-developed treatment plans to address chemical dependency issues.

1986-1987

Mental Health Counselor for Pathfinders for Runaways, Milwaukee, WI, providing crisis services for teenage runaways and their families in an intensive two-week inpatient facility.

Individual assessment prior to admission included evaluation of chemical dependency an appropriate referral process if clients were not appropriate for two-week crisis management.

Family session included assessment and referral for chemical dependency issues when present in parent subsystem.

1984-1986

Mental Health Counselor Internship for Veteran's Administration Medical Center, Milwaukee, WI, providing

counseling and discharge planning for inpatient oncology and outpatient substance abuse group counseling. Experience included facilitating an outpatient relapse prevention recovery group for veterans who were discharged from inpatient chemical dependency treatment. Group was open-ended process and included individual family session to address recovery process relative to marriage and parenting.